| Fill in this information to identify your case: |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the :        |  |                                    |
| NORTHERN District of ILLINOIS (State)           |  |                                    |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

# Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:  | Identify Yourself                             |                            |   |
|----------|---|----------------------------|---|
|          |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your  | full name                                     |                            |   |
| govern   | he name that is on your ment-issued picture   | Winston<br>First name      | Theresa<br>First name                         |
| your di  | cation (for example, river's license or       | Charlton Middle name       | Ann Middle name                               |
| passpo   | ·   | Purchase                   | Purchase                                      |
| identifi | our picture cation to your meeting e trustee. | Last name                  | Last name                                     |
| with the | e trustee.                                    | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
|          | her names you                                 |                            | Theresa                                       |
|          | used in the last 8                            | First name                 | First name                                    |
| years    |   |                            | Ann   |
| Include  | e your married or                             | Middle name                | Middle name                                   |
| maidei   | n names.                                      |                            | Smith-Purchase                                |
|          |   | Last name                  | Last name                                     |
|          |   | First name                 | First name                                    |
|          |   | Middle name                | Middle name                                   |
|          |   | Last name                  | Last name                                     |
|          | the last 4 digits of<br>Social Security       | xxx - xx - <u>2260</u>     | xxx - xx - <u>4944</u>                        |
| Individ  | er or federal<br>dual Taxpayer                | OR                         | OR  |
| Identif  | ication number                                | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |

Case 17-15297 Entered 05/17/17 09:35:57 Filed 05/17/17 Doc 1 Desc Main Page 2 of 69

Document Purchase Charlton Winston Debtor 1 Case Number (if known)

|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|---|---|
| 4. Any business names and Employer Identification Numbers |   | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|   | (EIN) you have used in the last 8 years         | Business name   | Business name   |
|   | Include trade names and doing business as names | Business name   | Business name   |
|   |   | EIN   | EIN   |
|   |   | EIN   | EIN   |
| 5.  | Where you live                                  |   | If Debtor 2 lives at a different address:   |
|   |   | 804 Hartford Lane  Number Street  | Number Street   |
|   |   | Bolingbrook IL 60440 City State ZIP Code  | City State ZIP Code   |
|   |   | WILL County   | County  |
|   |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|   |   | Number Street   | Number Street   |
|   |   | P.O. Box  | P.O. Box  |
|   |   | City State ZIP Code   | City State ZIP Code   |
| 6.  | Why you are choosing this district to file for  | Check one:  | Check one:  |
|   | bankruptcy.                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|   |   | have another reason. Explain. (See 28 U.S.C. § 1408   | I have another reason. Explain. (See 28 U.S.C. § 1408   |
|   |   |   |   |
|   |   |   |   |

Case 17-15297 Entered 05/17/17 09:35:57 Filed 05/17/17 Desc Main Doc 1

Debtor 1

Charlton

Document Purchase

Page 3 of 69

Winston

Case Number (if known)

| Pa  | Tell the Court About You  | ır Bankruptcy            | Case  |                               |   |  |  |
|-----|---|--------------------------|---|-------------------------------|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you  |                          |   |                               | equired by 11 U.S.C. § 342(b) for Individuals page 1 and check the appropriate box.   |  |  |
|     | are choosing to file<br>under   | ☐ Chapter 7 ☐ Chapter 11 |   |                               |   |  |  |
|     | under   |                          |   |                               |   |  |  |
|     |   | ☐ Chap                   | ter 12  |                               |   |  |  |
|     |   | ■ Chap                   | oter 13   |                               |   |  |  |
| 8.  | How you will pay the fee  | local<br>yours<br>subn   | ill pay the entire fee when I file my petition. Please check with the clerk's office in your all court for more details about how you may pay. Typically, if you are paying the fee urself, you may pay with cash, cashier's check, or money order. If your attorney is omitting your payment on your behalf, your attorney may pay with a credit card or check in a pre-printed address. |                               |   |  |  |
|     |   | Appl.                    | ication for Individuals   | to Pay The Filing Fee         | ose this option, sign and attach the in Installments (Official Form 103A). est this option only if you are filing for Chapter 7.  |  |  |
|     |   | less<br>pay t            | than 150% of the office the fee in installments   | cial poverty line that a      | re your fee, and may do so only if your income is oplies to your family size and you are unable to ption, you must fill out the <i>Application to Have the</i> B) and file it with your petition. |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?                            | ■ No                     | District None   | When                          | Case Number   |  |  |
|     |   | <b>□</b> 163.            | District  | when                          | MM / DD / YYYY  |  |  |
|     |   |                          | District None   |                               |   |  |  |
|     |   |                          | District 14011C   | When                          | Case Number  MM / DD / YYYY   |  |  |
|     |   |                          |   |                               |   |  |  |
|     |   |                          | District  | When                          | Case Number MM / DD / YYYY  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No                     |   |                               |   |  |  |
|     | filed by a spouse who is  | ☐ Yes.                   | Debtor  |                               | Relationship to you   |  |  |
|     | not filing this case with<br>you, or by a business<br>parter, or by<br>affiliate? |                          | District  | When                          | Case Number, if known   |  |  |
|     |   |                          | Debtor  |                               | Relationship to you   |  |  |
|     |   |                          | District  | When                          | Case Number, if known   |  |  |
| 11. | Do you rent your residence?   | ■ No.<br>□ Yes.          | residence?  | 2.<br>al Statement About an E | nt against you and do you want to stay in your  viction Judgment Against You (Form 101A) and file it with   |  |  |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Debtor 1 Winston Charlton Document Purchase Page 4 of 69

Case Number (if known)

| <ol> <li>Are you a sole proprietor<br/>of any full- or part-time<br/>business?</li> <li>A sole proprietorship is a</li> </ol>  |   | ■ No. □ Yes.   | Go to Part 4.  Name and location of b | ousiness        |                     |             |       |            |
|--|---|--|---------------------------------------|-----------------|---------------------|-------------|-------|------------|
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. |   | Name of business, if any   |                                       |                 |                     |             |       |            |
|  |   | Number Street  |                                       |                 |                     |             |       |            |
|  | ·   |  | City                                  |                 |                     |             | State | Zip Code   |
|  |   |  | Check the appropriate                 | box to descri   | be your business:   |             |       |            |
|  |   |  | ☐ Health Care Busi                    | ness (as defir  | ed in 11 U.S.C. §   | 101(27A))   |       |            |
|  |   |  | ☐ Single Asset Rea                    | ıl Estate (as d | efined in 11 U.S.C. | § 101(51B)) |       |            |
|  |   |  | ☐ Stockbroker (as o                   | defined in 11 l | J.S.C. § 101(53A))  |             |       |            |
|  |   |  | ☐ Commodity Broke                     | er (as defined  | in 11 U.S.C. § 101  | (6))        |       |            |
|  |   |  | ☐ None of the abov                    | 'e              |                     |             |       |            |
| debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | □ No. I   | am not filing under Chapter<br>the Bankruptcy Code.  I am filing under Chapter<br>Bankruptcy Code. | 11, but I am I                        |                 |                     |             |       |            |
| Pa   | t 4: Report if You Own or Ha  | ve Any Hazard  | ous Property or Any Prop              | erty That Nee   | ds Immediate Atter  | ntion       |       |            |
|  | Do you own or have any  | No.  |                                       |                 |                     |             |       |            |
| ۲.   | property that poses or is   | _  | What is the hazard?                   |                 |                     |             |       |            |
|  | alleged to pose a threat of imminent and  |  |                                       |                 |                     |             |       |            |
|  | indentifiable hazard to public health or safety?  |  |                                       |                 |                     |             |       |            |
|  | Or do you own any   |  |                                       |                 |                     |             |       |            |
|  | property that needs<br>immediate attention?<br>For example, do you own<br>perishable goods, or livestock<br>that must be fed, or a building |  | If immediate attention is             | needed, why     | is it needed?       |             |       |            |
|  | that needs urgent repairs?  |  |                                       |                 |                     |             |       |            |
|  | anat moduo angent repume.   |  |                                       |                 |                     |             |       |            |
|  | and neces a gon repaire.  |  | Where is the property?                | Niconala        | Ott                 |             |       |            |
|  | and notes any gone repaire.   |  | Where is the property?                | Number          | Street              |             |       |            |
|  | and notes any governor  |  | Where is the property?                | Number          | Street              |             |       |            |
|  |   |  | Where is the property?                | Number          | Street              |             |       | e ZIP Code |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Winston Debtor 1

Charlton

Document

Page 5 of 69

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing ab | ou |
|--|----|
| credit counseling because of:              |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to rece | ive a briefing about |
|---------------------------|----------------------|
| credit counseling because | se of:               |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-15297 Doc 1 Entered 05/17/17 09:35:57 Desc Main Filed 05/17/17

Debtor 1

Winston

Charlton

Document Purchase

Page 6 of 69

Case Number (if known)

| Pa  | Answer These Questions  | for Reporting Purposes  |   |  |  |  |
|-----|---|---|---|--|--|--|
| 16. | What kind of debts do you have?   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17. |   |  |  |  |
|     |   |   | business debts? Business debts are debt strengther through the operation of the business                    | -  |  |  |
|     |   | No. Go to line 16c.   | surient of through the operation of the busine  | 555 OF INVESTMENT.                                     |  |  |
|     |   | Yes. Go to line 17.   |   |  |  |  |
|     |   | 16c. State the type of debts you o  | we that are not consumer debts or business  | debts.   |  |  |
| 17. | Are you filing under Chapter 7?   | No. I am not filing under Ch  | napter 7. Go to line 18.  |  |  |  |
|     | ·   |   | er 7. Do you estimate that after any exempt p   |  |  |  |
|     | Do you estimate that after<br>any exempt property is  | administrative expense  | es are paid that funds will be available to distri  | ibute to unsecured creditors?                          |  |  |
|     | excluded and  | □No.  |   |  |  |  |
|     | administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | Yes.  |   |  |  |  |
| 18. | How many creditors do   | 1-49  | 1,000-5,000   | 25,001-50,000  |  |  |
|     | you estimate that you   | <b>□</b> 50-99  | 5,001-10,000  | <u>50,001-100,000</u>                                  |  |  |
|     | owe?  | ☐ 100-199<br>☐ 200-999  | 10,001-25,000   | ☐ More than 100,000                                    |  |  |
| 19. | How much do you   | \$0-\$50,000  | \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                             |  |  |
|     | estimate your assets to   | \$50,001-\$100,000  | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                           |  |  |
|     | be worth?   | \$100,001-\$500,000<br>\$500,001-\$1 million  | □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million  | ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion |  |  |
| 20  | How much do you   | \$0-\$50,000  | \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                             |  |  |
| 20. | estimate your liabilities   | \$50,001-\$100,000  | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                           |  |  |
|     | to be?  | \$100,001-\$500,000   | ☐ \$50,000,001-\$100 million  | □ \$10,000,000,001-\$50 billion                        |  |  |
|     |   | □ \$500,001-\$1 million   | □ \$100,000,001-\$500 million   | ☐ More than \$50 billion                               |  |  |
| Pa  | Ti 7: Sign Below  |   |   |  |  |  |
| For | you   | I have examined this petition, and correct.   | I declare under penalty of perjury that the info  | ormation provided is true and                          |  |  |
|     |   |   | ter 7, I am aware that I may proceed, if eligib<br>nderstand the relief available under each cha            |  |  |  |
|     |   |   | did not pay or agree to pay someone who is d read the notice required by 11 U.S.C. § 342                    |  |  |  |
|     |   | I request relief in accordance with   | the chapter of title 11, United States Code, sp   | pecified in this petition.                             |  |  |
|     |   | _   | nent, concealing property, or obtaining money<br>in fines up to \$250,000, or imprisonment for u<br>d 3571. |  |  |  |
|     |   | ★ /s/ Winston Charlton I  | Purchase  | Theresa Ann Purchase                                   |  |  |
|     |   | Signature of Debtor 1   | Signa   | ature of Debtor 2                                      |  |  |
|     |   | Executed on05/09/2017   | Z Exec  | uted on05/09/2017                                      |  |  |
|     |   | MM / DD   |   | MM / DD / YYYY   |  |  |

Entered 05/17/17 09:35:57 Case 17-15297 Doc 1 Filed 05/17/17 Desc Main Document Purchase Page 7 of 69

Winston Charlton Debtor 1 Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Kristin T Schindler                | Date            | Date:  | 05/11/2017   |
|--|-----------------|--------|--------------|
| Signature of Attorney for Debtor         | Duic            | MM / E | DD / YYYY    |
| Kristin T Schindler                      |                 |        |              |
| Printed name                             |                 |        |              |
| Geraci Law L.L.C.                        |                 |        |              |
| Firm name                                |                 |        |              |
| 55 E. Monroe St., #3400                  |                 |        |              |
| Number Street                            |                 |        |              |
|  |                 |        |              |
|  |                 |        |              |
| Chicago                                  | IL              | 6066   | 03           |
|  | IL State        |        | 03<br>P Code |
| Chicago City  Contact Phone 312-332-1800 | State           | ZI     |              |
| City  Contact Phone 312-332-1800         | State  Email ad | ZI     | P Code       |
| City 242 222 4800                        | State           | ZI     | P Code       |

| Debtor 1   | Winston    | Charlton    | Purchase  |  |  |  |  |
|--|------------|-------------|-----------|--|--|--|--|
|  | First Name | Middle Name | Last Name |  |  |  |  |
| Debtor 2   | Theresa    | Ann         | Purchase  |  |  |  |  |
| (Spouse, if filing)  | First Name | Middle Name | Last Name |  |  |  |  |
| United States Bankruptcy Court for the :NORTHERN District of _ILLINOIS(State)              |            |             |           |  |  |  |  |
| United States Bankruptcy Court for the :NORTHERN District of _ILLINOIS(State)  Case Number |            |             |           |  |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

# Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1:                       | Summarize Your Assets  |  |
|-------------------------------|--|--|
|                               |  | Your assets<br>Value of what you own                     |
| 1a. Copy                      | e A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B   | \$ 0<br>\$ 391,624                                       |
| 1с. Сору                      | y line 63, Total of all property on Schedule A/B   | \$ 391,624   |
| Part 2:                       | Summarize Your Liabilities   |  |
| 2a. Copy 3. Scheduli 3a. Copy | e D: Creditors Who Have Claims Secured by Property (Official Form 106D)  y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Your liabilities Amount you owe \$387,564  \$0  \$89,193 |
|                               | e I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I   | \$7,481.93   |
|                               | e <i>J: Your Expenses</i> (Official Form 106J) our monthly expenses from line 22c of <i>Schedule J</i>   | \$5,756.64   |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Page 9 of 69

Document Purchase Winston Charlton Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

| Part 4: Answer These Questions for Administrative and Statistical Records  |                                    |
|--|------------------------------------|
| 6. Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the                                   | e court with your other schedules. |
| Yes  |                                    |
| 7. What kind of debt do you have?  |                                    |
| Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U | •                                  |
| Your debts are not primarily consumer debts. You have nothing to report on this part of the form this form to the court with your other schedules.   | n. Check this box and submit       |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                             | Official \$ 11,131.20              |
|  |                                    |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  |                                    |
| From Part 4 of Schedule E/F, copy the following:   | Total claim                        |
|  | \$ 0.00                            |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_0.00                            |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00                            |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_0.00                            |
| 9d. Student loans. (Copy line 6f.)   | \$ <u>8,937.00</u>                 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   | \$_0.00                            |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$ <u>0.00</u>                     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$_8,937.00                        |

| Fill in this in           | Caco 17 15207<br>formation to identify your cas | Doc 1<br>e and this filin |  | red 05/17/17 09:35:57<br>0 of 69 | Desc Main  |
|---------------------------|---|---------------------------|--|----------------------------------|--|
| Debtor 1                  | Winston   | Charlton                  | Purchase   |                                  |  |
|                           | First Name M                                    | liddle Name               | Last Name  |                                  |  |
| Debtor 2                  | Theresa   | Ann                       | Purchase   |                                  |  |
| (Spouse, if filing)       | First Name M                                    | Middle Name               | Last Name  |                                  |  |
| United States             | Bankruptcy Court for the : <u>NOR1</u>          | ΓHERN District            | of <u>ILLINOIS</u>   |                                  |  |
|                           | _   |                           | (State)  |                                  | Check if this is an  |
| Case Number<br>(If known) |   |                           |  |                                  | amended filing   |
|                           | orm 106A/B<br>e A/B: Property                   |                           |  |                                  | 12/15  |
| Part 1:                   |   | ing, Land, or Ot          | her Real Esate You Own or Have an Into                               |                                  |  |
| Yes.                      | Describe  |                           |  |                                  |  |
|                           |   |                           | What is the property? Check all that a                               | Do not deduct                    | secured claims or exemptions. Put  |
| 804 Hartfo                |   |                           | Single-family home   |                                  | any secured claims on Schedule D: Discrete Have Claims Secured by Property |
| Street addre              | ess, if available, or other description         | 1                         | Duplex or multi-unit building  | 0                                | a af the Comment control of the  |
|                           |   |                           | Condominium or cooperative   | Current value entire proper      |  |
| 5 " 1                     |   | 20112                     | Manufactured or mobile home  |                                  |  |
| Bolingbro                 |   | 60440<br>ZIP Code         | Land   | \$3                              | \$75,309.00 <b>\$</b> 375,309.00   |
| City                      | State   | ZIP Code                  | Investment property Timeshare  |                                  |  |
| County                    |   |                           | Other  |                                  | nature of your ownership   |
| County                    |   |                           |  | the entireties                   | h as fee simple, tenancy by<br>s, or a life estat), if known.              |
|                           |   |                           | Who has an interest in the property                                  | ? Check one.                     |  |
|                           |   |                           | Debtor 1 only  |                                  |  |
|                           |   |                           | Debtor 2 only  | Check if                         | this is a community property   |
|                           |   |                           | Debtor 1 and Debtor 2 only  At least one of the debtors and another. | (see instr                       |  |
|                           |   |                           | Other information you wish to add a                                  |                                  |  |
|                           |   |                           | property identification number:                                      |                                  |  |

Official Form 106A/B Record # 743417 Schedule A/B: Property Page 1 of 7

\$375,309.00

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... -->

Debtor 1 Winston Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

\$ 9,150.00

| that someone else drives. If you   |                | also report it on Schedule G: Executory Contracts and Uner          | xpired Leases. |                                    |                 |            |
|------------------------------------|----------------|---|----------------|------------------------------------|-----------------|------------|
| No.                                | ,              |   |                |                                    |                 |            |
| Yes. Describe<br>Make:             | Cadillac       | Who has an interest in the property? Check one.                     |                | uct secured clair                  |                 |            |
| Model:                             | DeVille        | Debtor 1 only   |                | t of any secured<br>Who Have Claim |                 |            |
| Year:                              | 1993           | Debtor 2 only   | Current va     | lue of the                         | Current va      | alue of ti |
| Approximate Mileage:               | 68,000         | Debtor 1 and Debtor 2 only  | entire prop    | perty?                             | portion yo      | u own?     |
| Other information:                 |                | At least one of the debtors and another                             | \$             | 400.00                             | \$              | 4          |
| 1993 Cadillac DeVille wi<br>miles. | th over 68,000 | Check if this is community property (see instructions)              |                |                                    |                 |            |
| Make:                              | Dodge          | Who has an interest in the property? Check one.                     |                | uct secured clair                  |                 |            |
| Model:                             | Intrepid       | Debtor 1 only   |                | Vho Have Claim                     |                 |            |
| Year:                              | 2000           | Debtor 2 only Debtor 1 and Debtor 2 only                            | Current va     | lue of the                         | Current va      | alue of ti |
| Approximate Mileage:               | 20,000         | At least one of the debtors and another                             | entire prop    | perty?                             | portion yo      | u own?     |
| Other information:                 |                | _   | \$             | 500.00                             | \$              | 5          |
| 2000 Dodge Intrepid with miles.    | n over 20,000  | Check if this is community property (see instructions)              |                |                                    |                 |            |
| Make:                              | Gmc            | Who has an interest in the property? Check one.                     |                | uct secured clair                  |                 |            |
| Model:                             | Envoy          | Debtor 1 only   |                | t of any secured<br>Who Have Claim |                 |            |
| Year:                              | 2005           | Debtor 2 only   | Current va     | lue of the                         | Current va      | alue of th |
| Approximate Mileage:               | 215,000        | Debtor 1 and Debtor 2 only  At least one of the debtors and another | entire prop    | perty?                             | portion yo      | u own?     |
| Other information:                 |                | / a location of the desical and another                             | \$             | 2,825.00                           | \$              | 2,82       |
| 2005 Gmc Envoy with owniles.       | ver 215,000    | Check if this is community property (see instructions)              |                |                                    |                 |            |
| Make:                              | Gmc            | Who has an interest in the property? Check one.                     | Do not ded     | uct secured clair                  | ns or exemption | ons. Put   |
| Model:                             | Sierra         | Debtor 1 only   |                | t of any secured Who Have Claim    |                 |            |
| Year:                              | 2003           | Debtor 2 only   | Current va     |                                    | Current va      |            |
| Approximate Mileage:               | 218,000        | Debtor 1 and Debtor 2 only  | entire prop    | perty?                             | portion yo      | u own?     |
| Other information:                 |                | At least one of the debtors and another                             | \$             | 5,425.00                           | \$              | 5,4        |
| 2003 Gmc Sierra with ov            | ver 218,000    | Check if this is community property (see instructions)              |                | <del></del>                        |                 |            |

5. Add the dollar value of the portion you own for all of your entries fro Part 2, including any entries for pages

you have attached for Part 2. Write that number here .....---

Winston

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57

Document Page 12 of Burber (if known)

Page 12 of Burber (if known)

Desc Main

0.00

\$5,100.00

Debtor 1

Describe.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here ...... -->

**Describe Your Personal and Household Items** Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions 06. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No. Describe..... Furniture, linens, small appliances, table & chairs, bedroom set \$2,400 2,400.00 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... Flat screen TV, computer, printer, music collection, cell phone \$1,000 1,000.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Yes. Describe..... 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. es Describe..... Everyday clothes \$800 800.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Everyday jewelry, costume jewelry, engagement rings, wedding rings \$900 900.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list

Debtor 1

Winston Case 17-15297 Doc 1

Filed 05/17/17 Entered 05/17/17 09:35:57

Document Page 13 of 69 umber (if known)

Desc Main

First Name Middle Name

|             | Part 4:          | Describe Your Fi  | nancial Assets  |   |   |
|-------------|------------------|-------------------|---|---|---|
| Do          | you own o        | r have any lega   | l or equitable interest in an                           | ny of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 16.         | Cash Examples:   | Money you have i  | n your wallet, in your home, in a                       | a safe deposit box, and on hand when you file your petition   |   |
|             | Yes.             | Describe          |   |   |   |
| 17.         | Deposits of      | of money          |   |   | \$ <u>0.0</u> 0   |
|             | Examples:        | Checking, savings |   | ertificates of deposit; shares in credit unions, brokerage houses,<br>with the same institution, list each. |   |
|             | Yes.             | Describe          | Account Type:   | Institution name:   |   |
|             |                  |                   | Savings Account   | Baxter CU   | \$  |
|             |                  |                   | Checking Account  | TCF   | \$  |
|             |                  |                   | Savings Account   | Dupage Credit Union   | <b>\$</b> 45.00   |
|             |                  |                   | Checking Account  | Dupage Credit Union   | <u>\$ 65.00</u>   |
|             |                  |                   | Checking Account  | Baxter Credit Union   | <u>\$ 100.00</u>  |
|             |                  |                   | Savings Account   | Chase   | \$  |
|             |                  |                   | Checking Account  | Wells Fargo   | \$  |
|             |                  |                   | Checking Account  | Chase   | <u>\$</u>   |
| 40          |                  |                   | . DP-1 do-1 do-1  |   | \$ <u>2,065.0</u> 0   |
| 18.         |                  | -                 | publicly traded stocks<br>tment accounts with brokerage |   |   |
|             | Yes.             | Describe          | Institution or issuer name:                             |   | \$ 0.00   |
| 19.         | Non-public       | cly traded stock  | and interests in incorpora                              | ated and unincorporated businesses, including an interest in  | \$0.00  |
|             | Yes.             | Describe          | Name of Entity and Percer                               | nt of Ownership:  |   |
|             |                  |                   |   |   | \$ <u> </u>   |
| 20.         |                  | =                 | <del>-</del>  | able and non-negotiable instruments   |   |
|             | -                |                   |   | hecks, promissory notes, and money orders. someone by signing or delivering them.                           |   |
|             | Yes.             | Describe          | Issuer name:  |   | \$ 0.00   |
| 21.         | Retiremen        | t or pension ac   | counts  |   | \$ <u>0.0</u> 0   |
|             |                  | •                 |   | hrift savings accounts, or other pension or profit-sharing plans  |   |
|             | No.              |                   |   |   |   |
|             | Yes.             | Describe          | Type of account and Institu                             |   |   |
|             |                  |                   | 401(k) or similar plan                                  | 401k  | \$\$  |
|             |                  |                   | Pension plan  | USPS  | \$Unknown   |
| 22          | Coourity d       | amaaita and nua   |   |   | \$ <u> </u>   |
| 22.         | =                | eposits and pre   |   | u may continue service or use from a company  |   |
|             |                  |                   |   | tilities (electric, gas, water), telecommunications   |   |
|             | Yes.             | Describe          | Institution name or individu                            | ual:  | \$ 0.00   |
| 23.         | Annuities<br>No. | (A contract for   | a periodic payment of mon                               | ney to you, either for life or for a number of years)   | \$ <u> </u>   |
|             | Yes.             | Describe          | Issuer name and description                             | on:   |   |
| 24          | Interests i      | n an education    | IRA in an account in a qua                              | alified ABLE program, or under a qualified state tuition program.   | \$ <u>0.0</u> 0   |
| <b>-</b> ₩. | 26 U.S.C.        |                   | (b), and 529(b)(1).                                     | amou Abee program, or under a quaimed state uniton program.   |   |
|             | No. Yes.         | Describe          | Institution name and descr                              | ription. Separately file the records of any interests.11 U.S.C. § 521(c):                                   |   |
|             |                  |                   |   |   | \$ <u> </u>   |

Debtor 1 Winston

Case 17-15297 Doc 1 Filed 05/17/17

Desc Main

| ٠.٠. | • | • |          |
|------|---|---|----------|
|      |   | First Name                              | Middle N |

| -IIEU.US/1//1/ |  |
|----------------|--|
|                |  |
| - Döcüment     |  |
| Loot Namo      |  |

Entered 05/17/17 09:35:57 Page 14 of 69 umber (if known)

| 25.         | Trusts, equ   | uitable or future                         | interests in property (other than anything listed in line 1), and rights or powers   |  |                        |            |
|-------------|---------------|---|--|--|------------------------|------------|
|             | Yes.          | Describe                                  |  |  |                        |            |
|             | 5.44.         |   |  |  | \$                     | 0.00       |
| <b>26</b> . |               |   | narks, trade secrets, and other intellectual property mes, websites, proceeds from royalties and licensing agreements                    |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 27.         | Licenses, 1   | franchises, and                           | other general intangibles  | _  | ·                      |            |
|             | Examples:     | Building permits, ex                      | cclusive licenses, cooperative association holdings, liquor licenses, professional licenses  |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| Мо          | ney or prop   | erty owed to you                          | 1?   | Current va<br>portion yo<br>Do not dedu<br>or exemptio | ou own?<br>uct secured |            |
| 28.         | Tax refund    | ls owed to you                            |  |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 29.         | Examples:     | -   | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 30.         | Examples:     |   | wes you ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 31.         |               | insurance polici<br>Health, disability, o | es r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  |  |                        |            |
|             | No.           |   | Company Name & Beneficiary:  | _  |                        |            |
|             | Yes.          | Describe                                  | Term life insurance \$0  |  | \$                     | 0.00       |
| 32.         | Any interes   | st in property th                         | at is due you from someone who has died  | _  | ·                      |            |
|             |               | ne beneficiary of a lecause someone ha    | iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive<br>s died.                               |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 33.         | -             | •   | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue                |  |                        |            |
|             | Yes.          | Describe                                  |  |  | •                      | 0.00       |
| 34.         | Other cont    | ingent and unlic                          | uidated claims of every nature, including counterclaims of the debtor and rights   |  | <u> </u>               |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
| 35.         | Any financ    | ial assets you d                          | id not already list  |  |                        |            |
|             | Yes.          | Describe                                  |  |  | \$                     | 0.00       |
|             |               |   | of your entries from Part 4, including any entries for pages you have attached   |  | <u> </u>               | \$2,067.00 |
|             | for Part 4. V | Write that number                         | r here>  |  |                        | ,,         |

Desc Main

Debtor 1 Middle Name

|     | Part 5:          | Describe Any Busi     | ness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
|-----|------------------|-----------------------|--|--|
| 37. |                  | n or have any le      | gal or equitable interest in any business-related property?  |  |
|     | No.              |                       |  |  |
|     | 163.             |                       |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts         | receivable or co      | mmissions you already earned   |  |
|     | No.              |                       |  | ı  |
|     | Yes.             | Describe              |  | \$ 0.00  |
| 39. | Office equ       | ipment, furnishii     | ngs, and supplies  | *  |
|     | Examples: No.    | Business-related co   | omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices             |  |
|     | Yes.             | Describe              |  |  |
|     | <u>—</u>         |                       |  | \$ <u> </u>  |
| 40. | Machinery<br>No. | , fixtures, equipr    | nent, supplies you use in business, and tools of your trade  |  |
|     | Yes.             | Describe              |  |  |
|     |                  |                       |  | \$0.00   |
| 41. | Inventory        |                       |  |  |
|     | No.              | Describe              |  |  |
|     |                  |                       |  | \$0.00   |
| 42. |                  | n partnerships o      | •  |  |
|     | No.              | Describe              | Name of Entity and Percent of Ownership:   |  |
|     |                  | 2000                  |  | \$0.00   |
| 43. | <b>—</b>         | lists, mailing list   | s, or other compilations   |  |
|     | No.              | Describe              |  | l  |
|     |                  | Describe              |  | \$ <u> </u>  |
| 44. |                  | ess-related prop      | erty you did not already list  |  |
|     | No.              | Describe              |  |  |
|     |                  | 20001120              |  | \$0.00   |
| 45  | Add the da       | llor value of all a   | of your entries from Part 5, including any entries for pages you have attached   |  |
| 45. |                  |                       | er here>   | \$ 0.00  |
|     |                  |                       |  |  |
|     | dil e Oi         |                       | n- and Commercial Fishing-Related Property You Own or Have an Interest In.<br>/e an interest in farmland, list it in Part 1. |  |
| 46. |                  |                       | gal or equitable interest in any farm- or commercial fishing-related property?   |  |
|     | No.              |                       |  |  |
|     | Yes.             | Describe              |  | s 0.00   |
| 47. | Farm anim        |                       |  | <u> </u>   |
|     | Examples:        | Livestock, poultry, t | arm-raised fish  |  |
|     | Yes.             | Describe              |  |  |
|     |                  |                       |  | \$ <u> </u>  |
| 48. | Crops—eit        | ther growing or I     | narvested  |  |
|     | Yes.             | Describe              |  |  |
|     |                  |                       |  | \$0.00   |
| 49. |                  | fishing equipme       | nt, implements, machinery, fixtures, and tools of trade  |  |
|     | No.              | Describe              |  |  |
|     |                  |                       |  | \$0.00   |

Debtor 1 Winston Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Page 16 of 9 Umber (if known) Page 16 of 9 Umber (if known)

| 50. Farm and fishing supplies, chemicals, and feed No.  |              |                 |
|---|--------------|-----------------|
| Yes. Describe   |              | \$ 0.00         |
| 51. Any farm- and commercial fishing-related property you did not already list  |              |                 |
| No.  Yes. Describe  |              |                 |
|   |              | <u> </u>        |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages for Part 6. Write that number here | •            | \$0.00          |
|   |              |                 |
| Describe All Property You Own or Have an Interest in That You Did Not List Abo  | ve           |                 |
| 53. Do you have other property of any kind you did not already list?  |              |                 |
| Examples: Season tickets, country club membership  No.  |              |                 |
| Yes. Describe   |              | \$ <u>0.0</u> 0 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   | <b>&gt;</b>  | \$0.00          |
|   |              |                 |
| Part 8: List the Totals of Each Part of this Form   |              |                 |
| 55. Part 1: Total real estate, line 2   |              | \$ 375,309.00   |
| 56. Part 2: Total vehicles, line 5  | \$ 9,150.00  |                 |
| 57. Part 3: Total personal and household items, line 15   | \$ 5,100.00  |                 |
| 58. Part 4: Total financial assets, line 36   | \$ 2,067.00  |                 |
| 59. Part 5: Total business-related property, line 45  | \$ 0.00      |                 |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$ 0.00      |                 |
| 61. Part 7: Total other property not listed, line 54  | \$ 0.00      |                 |
| 62. <b>Total personal property.</b> Add lines 56 through 61   | \$ 16,317.00 | \$ 16,317.00    |
|   |              |                 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62   |              | \$391,626.00    |
|   |              |                 |

Official Form 106A/B Record # 743417 Schedule A/B: Property Page 7 of 7

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

| Fill in this in     | nformation to identif   | y your case:                       |                 |
|---------------------|-------------------------|------------------------------------|-----------------|
| Debtor 1            | Winston                 | Charlton                           | Purchase        |
|                     | First Name              | Middle Name                        | Last Name       |
| Debtor 2            | Theresa                 | Ann                                | Purchase        |
| (Spouse, if filing) | First Name              | Middle Name                        | Last Name       |
| United States       | Bankruptcy Court for th | ne : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> |
|                     |                         |                                    | (State)         |
| Case Number         | ſ                       |                                    | _               |
| (If known)          |                         |                                    |                 |

# Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif            | fy the Property You Claim as Exemp                          | ot                                   |   |                                    |
|----------------------------|---|--------------------------------------|---|------------------------------------|
| 1. Which set of ex         | emptions are you claiming? Chec                             | ck one only, even if your sp         | ouse is filing with you.  |                                    |
| You are clai               | ming state and federal nonbankrup                           | otcy exemptions . 11 U.S.C.          | § 522(b)(3)   |                                    |
| You are clai               | ming federal exemptions. 11 U.S.C                           | C. § 522(b)(2)                       |   |                                    |
|                            |   |                                      |   |                                    |
| 2. For any propert         | y you list on <i>Schedule A/B</i> that y                    | ou claim as exempt, fill in          | the information below.  |                                    |
|                            | on of the property and line on<br>that lists this property  | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                            |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief<br>description:      | 804 Hartford Ln Bolingbrook IL<br>60440 - Primary Residence | \$_375,309                           | \$ _ 30,000   | 735 ILCS 5/12-901 - \$30,000.00    |
| Line from<br>Schedule A/B: | 01  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | 1993 Cadillac DeVille with over 68,000 miles.               | \$_400                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$400.00   |
| Line from<br>Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | 2000 Dodge Intrepid with over 20,000 miles.                 | \$_500                               | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$500.00   |
| Line from<br>Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:      | 2005 Gmc Envoy with over 215,000 miles.                     | \$_2,825                             | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00 |
| Line from<br>Schedule A/B: | 03  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                            |   |                                      |   |                                    |
| Official Form 1060         | Record # 743417   | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 3                        |
|                            |   |                                      |   |                                    |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Page 18 of 69 Case Number (if known)

Debtor 1

Winston First Name

Charlton Middle Name

Document Last Name

| •                          | on of the property and line on<br>hat lists this property          | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|----------------------------|--|--------------------------------------|---|--------------------------------------|
|                            |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief                      | 2003 Gmc Sierra with over 218,000                                  |                                      | _   | 735 ILCS 5/12-1001(c) - \$2,400.00   |
| escription:                | miles.   | \$_5,425                             | \$ _ 3,135  | 735 ILCS 5/12-1001(b) - \$735.00     |
| ine from<br>Schedule A/B:  | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Furniture, linens, small appliances, table & chairs, bedroom set   | \$_2,400                             |   | 735 ILCS 5/12-1001(b) - \$2,400.00   |
| Line from<br>Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Flat screen TV, computer, printer, music collection, cell phone    | \$_1,000                             | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,000.00   |
| Line from<br>Schedule A/B: | <u>07</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Everyday clothes   | \$_800                               | <b></b>   | 735 ILCS 5/12-1001(a),(e) - \$800.00 |
| Line from<br>Schedule A/B: | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Everyday jewelry, costume jewelry, engagement rings, wedding rings | \$_900                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$900.00     |
| Line from<br>Schedule A/B: | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Savings Account, Baxter CU,<br>25.00                               | <u>\$_25</u>                         | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$25.00      |
| Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Checking Account, TCF, 30.00                                       | \$_30                                | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$30.00      |
| Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Savings Account, Dupage Credit<br>Union, 45.00                     | \$_45                                | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$45.00      |
| Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Checking Account, Dupage Credit<br>Union, 65.00                    | \$ <u>65</u>                         | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$65.00      |
| Line from<br>Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:      | Checking Account, Baxter Credit<br>Union, 100.00                   | \$ <u>100</u>                        | <b></b> s   | 735 ILCS 5/12-1001(b) - \$100.00     |
| Line from<br>Schedule A/B: | 17   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |

Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Doc 1 Filed 05/17/17 Page 19 of 69 (if known) Document Winston Charlton Debtor 1 Middle Name Last Name **Additional Page** Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B Savings Account, Chase, 350.00 735 ILCS 5/12-1001(b) - \$350.00 Brief description: \$ 350 Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$450.00 Brief Checking Account, Wells Fargo, 450 450.00 description: 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief Checking Account, Chase, 735 ILCS 5/12-1001(b) - \$1,000.00 1,000.00 \$ 1,000 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Brief 401(k) or similar plan, 401k, 1.00 735 ILCS 5/12-1006 - \$0.00 Unknown description: Line from 100% of fair market value, up to 21 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1006 - \$0.00 Brief Pension plan, USPS, 1.00 Unknown description: Line from 100% of fair market value, up to 21 Schedule A/B: any applicable statutory limit 215 ILCS 5/238 - \$0.00 Brief \$ 0 description: Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes.

|                       | Caso 17                       |                          | 1 Filad 05/17/17  | Entered 05/17/1                 | 7 09:35:57            | Desc Main            |                |
|-----------------------|-------------------------------|--------------------------|---|---------------------------------|-----------------------|----------------------|----------------|
| Fill in this in       | formation to identif          | y your case:             |   | 0 of 69                         |                       |                      |                |
| Debtor 1              | Winston                       | Charlton                 | Purchase  |                                 |                       |                      |                |
| Debtor 1              | First Name                    | Middle Name              | Last Name   |                                 |                       |                      |                |
| Debtor 2              | Theresa                       | Ann                      | Purchase  |                                 |                       |                      |                |
| (Spouse, if filing)   | First Name                    | Middle Name              | Last Name   |                                 |                       |                      |                |
| United States         | Pankruptov Court for th       | ho: NODTHEDN Die         | atriat of ILLINOIS  |                                 |                       |                      |                |
| United States         | Bankrupicy Court for ti       | he : <u>NORTHERN</u> Dis | (State)   |                                 |                       |                      |                |
| Case Number           | ·                             |                          |   |                                 |                       | Check if this        |                |
| (If known)            |                               |                          |   |                                 |                       | amended fil          | ing            |
| Official F            | <u>orm 106D</u>               |                          |   |                                 |                       |                      |                |
| chedule               | D: Creditors                  | s Who Have C             | Claims Secured by F   | roperty                         |                       |                      | 12/15          |
| e as complete         | and accurate as po            | ossible. If two married  | I people are filing together, both<br>al Page, fill it out, number the er | are equally responsible for     |                       | nv.                  |                |
|                       |                               | and case number (if l    |   | itries, and attach it to this i | orni. On the top of a | iiy                  |                |
| 1. Do any cre         | ditors have claims            | secured by your prop     | erty?   |                                 |                       |                      |                |
| □ No. Ch              | neck this box and sul         | bmit this form to the co | ourt with your other schedules. Yo  | u have nothing else to repor    | t on this form.       |                      |                |
|                       |                               |                          | and many our outon contourious to   | a nave neumig elec to reper     |                       |                      |                |
| Yes. Fil              | II in all of the informa      | ation below.             |   |                                 |                       |                      |                |
| Part 1:               | List All Secured Clair        | ms                       |   |                                 |                       |                      |                |
|                       |                               |                          |   |                                 | Column A              | Column A             | Column C       |
|                       |                               |                          | one secured claim, list the creditor                                      |                                 | Amount of claim       | Value of collateral  | Unsecured      |
|                       |                               | •                        | cular claim, list the other creditors                                     |                                 | Do not deduct the     | that supports this   | portion        |
| AS MUCH a             | is possible, list the c       | iaims in aipnabelicai c  | rder according to the creditors na  | me.                             | value of collateral   | claim                | If any         |
| 2.1 Wells F           | argo BANK NV NA               |                          | Describe the property that secure   | es the claim:                   | <u>\$ 72,252.00</u>   | <b>\$</b> 375,309.00 | \$ <u>0.00</u> |
| Creditor's            | Name                          |                          | 804 Hartford Ln Bolingbrook IL 6  | 60440 - Primary                 |                       |                      |                |
| Po Box                | 31557                         |                          | Residence   |                                 |                       |                      |                |
| Number                | Street                        |                          |   |                                 |                       |                      |                |
|                       |                               |                          | As of the date you file, the claim i                                      | s: Check all that apply.        |                       |                      |                |
| Billings              |                               | MT 59107                 | Contingent  |                                 |                       |                      |                |
| City                  |                               | State Zip Code           | Unliquidated  |                                 |                       |                      |                |
|                       |                               |                          | Disputed  |                                 |                       |                      |                |
| _                     | the debt? Check one           |                          | Nature of Lien. Check all that apply                                      |                                 |                       |                      |                |
| Debtor                | •                             |                          | An agreement you made (such as  | s mortgage or secured           |                       |                      |                |
| Debtor                | 2 only<br>1 and Debtor 2 only |                          | car loan)  Statutory lien (such as tax lien, m                            | echanic's lien)                 |                       |                      |                |
| =                     | one of the debtors and        | l another                | Judgment lien from a lawsuit  | echanic's nem                   |                       |                      |                |
|                       |                               |                          | Other (including a right to offset)                                       |                                 |                       |                      |                |
|                       | if this claim relates t       | о а                      |   |                                 |                       |                      |                |
|                       | unity debt<br>was incurred 2  | 006-2017                 | Last 4 digits of account number   | NULL                            |                       |                      |                |
| 2.2                   |                               |                          | Describe the property that secure   |                                 | <b>\$</b> 315,312.00  | <b>\$</b> 375,309.00 | <b>\$</b> 0.00 |
|                       | argo HM Mortgag               |                          | ,   |                                 | 7                     | <u> </u>             | <u> </u>       |
| Creditor's<br>8480 St | tagecoach Cir                 |                          | 804 Hartford Ln Bolingbrook IL 6 Residence                                | 60440 - Primary                 |                       |                      |                |
| Number                | Street                        |                          | Tooladridd  |                                 |                       |                      |                |
|                       |                               |                          | As of the date you file, the claim i                                      | s: Check all that apply.        |                       |                      |                |
|                       |                               |                          | Contingent  | ,                               |                       |                      |                |
| Frederic              | ck                            | MD 21701                 | Unliquidated  |                                 |                       |                      |                |
| City                  |                               | State Zip Code           | Disputed  |                                 |                       |                      |                |
| Who owes              | the debt? Check one           |                          | Nature of Lien. Check all that apply                                      | <i>I</i> .                      |                       |                      |                |
| Debtor                | 1 only                        |                          | An agreement you made (such as  | s mortgage or secured           |                       |                      |                |
| Debtor                | 2 only                        |                          | car loan)   |                                 |                       |                      |                |
| =                     | 1 and Debtor 2 only           |                          | Statutory lien (such as tax lien, m                                       | echanic's lien)                 |                       |                      |                |
| At least              | one of the debtors and        | I another                | Judgment lien from a lawsuit  |                                 |                       |                      |                |
| Check                 | if this claim relates t       | o a                      | Other (including a right to offset)                                       |                                 |                       |                      |                |
|                       | unity debt                    |                          |   | 400 :                           |                       |                      |                |
| Date Debt             | was incurred2                 | 006-2017                 | Last 4 digits of account number   | <u>4234</u>                     |                       |                      |                |
| Add the d             | lollar value of your          | entries in Column A o    | on this page. Write that number   | here:                           | \$ <u>387,564.00</u>  |                      |                |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Debtor 1 Winston Charlton Page 21 of 69 Case Number (if known)

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>387,564.00</u>

|   | Caso 17 1520   | 07 Doc 1  | Filod 05/17/17   | Entered 05/17/17 09:35:57  | Desc Main                       |             |
|---|--|---|--|--|---------------------------------|-------------|
| Fill in this in   | nformation to identify your  | case:   |  | 2 of 69  |                                 |             |
| Debtor 1  | Winston  | Charlton  | Purchase   |  |                                 |             |
|   | First Name   | Middle Name   | Last Name  |  |                                 |             |
| Debtor 2  | Theresa  | Ann   | Purchase   |  |                                 |             |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name  |  |                                 |             |
| United States   | Bankruptcy Court for the : <u>N</u>  | IORTHERN District   | of <u>ILLINOIS</u>   |  |                                 |             |
| Case Number   | r  |   | (State)  |  | Check if                        | this is an  |
| (If known)  | · <del></del>  |   |  |  | amended                         | l filing    |
| Official F  | orm 106E/F   |   |  |  |                                 |             |
|   |  | WIs a 11 assa 11  | nsecured Claims  |  |                                 | 12/15       |
| ist the other p<br>\(\begin{align*} B: Property (\) reditors with peded, copy to po of any addi | oarty to any executory cont<br>Official Form 106A/B) and<br>partially secured claims th    | tracts or unexpired<br>on Schedule G: Ex<br>at are listed in Sch<br>, number the entric<br>ame and case num | I leases that could result in a<br>secutory Contracts and Une.<br>ledule D: Creditors Who Haves<br>in the boxes on the left. A | s and Part 2 for creditors with NONPRIORITY of a claim. Also list executory contracts on Scheexpired Leases (Official Form 106G). Do not incive Claims Secured by Property. If more space in Attach the Continuation Page to this page. On the | <i>dul</i> e<br>clude any<br>is |             |
|   | ditara hava priority upaga   | urad alaima againa  | ut you?  |  |                                 |             |
| _   | editors have priority unsec  | ureu ciaiilis agailis   | tyour  |  |                                 |             |
| _   | o to Part 2.   |   |  |  |                                 |             |
| Yes.  | your priority upoccured alg  | ima If a graditar br  | oo mara than ana priority upa  | required claim list the graditar congretally for each  | oloim For                       |             |
| each claim<br>nonpriority<br>unsecured  | listed, identify what type of<br>amounts. As much as poss<br>claims, fill out the Continua | claim it is. If a clain<br>sible, list the claims<br>ition Page of Part 1                                   | n has both priority and nonpri<br>in alphabetical order accordir<br>. If more than one creditor hol                            | secured claim, list the creditor separately for each iority amounts, list that claim here and show both ng to the creditor's name. If you have more than olds a particular claim, list the other creditors in Particular beautiful.            | n priority and<br>two priority  |             |
| (FOI all exp  | pianation of each type of cia  | aim, see the instruct   | tions for this form in the instru  | Total claim  | Priority                        | Nonpriority |
|   |  |   |  |  | amount                          | amount      |
| Part 2:   | List All of Your NONPRIORIT  | TY Unsecured Claim  | s  |  |                                 |             |
| 3. Do any cre   | editors have nonpriority un  | secured claims ag   | ainst you?   |  |                                 |             |
| ☐ No. Yo  | ou have nothing to report in   | this part. Submit th  | nis form to the court with your  | r other schedules.   |                                 |             |
| Yes.  |  | ·   | ,  |  |                                 |             |
| nonpriority included in   | unsecured claim, list the cr   | editor separately fo<br>editor holds a partic   | r each claim. For each claim l   | or who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list itors in Part 3.If you have more than three nonpri  | claims already                  | Total claim |
| 4.1 ATG C   | redit  | Las   | st 4 digits of account number  | 1700   |                                 | \$ 7.00     |
| Creditor's 1700 W   | Name / Cortland St Ste 2   | Wh  | en was the debt incurred?  | 2015-2015  |                                 |             |
| Number  | Street   |   |  |  |                                 |             |
|   |  | <u>As</u>   | of the date you file, the claim  | is: Check all that apply.  |                                 |             |
| Chicago   | o IL 6   | 30622   | Contingent   |  |                                 |             |
| City  |  | Zip Code  | Unliquidated   |  |                                 |             |
| _   | s the debt? Check one.   | · U   | Disputed   |  |                                 |             |
| Debtor  | •  |   |  |  |                                 |             |
| Debtor  | -  | r i   | be of NONPRIORITY unsecured  | ed claim:  |                                 |             |
| =   | 1 and Debtor 2 only  |   | Student loans  |  |                                 |             |
| =   | t one of the debtors and anothe  | <del>_</del>  | Obligations arising out of a separ   |  |                                 |             |
|   | if this claim relates to a   |   | that you did not report as priority  |  |                                 |             |
|   | unity debt<br>m subject to offest?   | Ц   | Debts to pension or profit-sharing   | g pians, and other similar debts   |                                 |             |
| No No   | 200,000 to 01100t1   | -   | Other, Specify Medical Debt  | f  |                                 |             |
| Yes   |  |   | Other. Specify Medical Debt  | <u> </u>   |                                 |             |

Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Doc 1 Page 23 of 69 Case Number (if known) **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** AthletiCo Ltd. **\$** 400.00

| 4.2 7tanetico Eta.                                | Last 4 digits of account number                                   | <b>3</b> <del></del> |
|---|---|----------------------|
| Creditor's Name                                   |   |                      |
| 709 Enterprise Dr.                                | When was the debt incurred?                                       |                      |
| Number Street                                     |   |                      |
| Trained.  |   |                      |
|   | As of the date you file, the claim is: Check all that apply.      |                      |
|   | Contingent  |                      |
| Oak Brook IL 60523                                |   |                      |
| City State Zip Code                               | Unliquidated  |                      |
| Who owes the debt? Check one.                     | Disputed  |                      |
|   |   |                      |
| Debtor 1 only                                     |   |                      |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                      |
| Debtor 1 and Debtor 2 only                        | Student loans   |                      |
|   | 一   |                      |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                      |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                      |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                      |
| Is the claim subject to offest?                   |   |                      |
| No  | Madical/Dantal Consissa   |                      |
| <b>│</b>  | Other. Specify Medical/Dental Services                            |                      |
| Yes DANIK Dalamara                                | NIII '  | 4 222 22             |
| 4.3 Barclays BANK Delaware                        | Last 4 digits of account number NULL                              | <u>\$ 1,223.00</u>   |
| Creditor's Name                                   |   |                      |
| Po Box 8803                                       | When was the debt incurred? 2010-2017                             |                      |
|   |   |                      |
| Number Street                                     |   |                      |
|   | As of the date you file, the claim is: Check all that apply.      |                      |
|   |   |                      |
| Wilmington DE 19899                               | Contingent  |                      |
|   | Unliquidated  |                      |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                      |
|   |   |                      |
| Debtor 1 only                                     |   |                      |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                      |
| Debtor 1 and Debtor 2 only                        | Student loans   |                      |
|   | -   |                      |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                      |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                      |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                      |
| Is the claim subject to offest?                   |   |                      |
| No  | Other. Specify Credit Card or Credit Use                          |                      |
|   | Other. SpecifyCredit Card of Credit Ose                           |                      |
| Yes   | NII P   |                      |
| 4.4 Baxter Credit Union                           | Last 4 digits of account number NULL                              | \$ <u>2,866.00</u>   |
| Creditor's Name                                   |   |                      |
| 340 N Milwaukee Ave                               | When was the debt incurred? 2012-2017                             |                      |
| Number Street                                     |   |                      |
| Number Street                                     |   |                      |
|   | As of the date you file, the claim is: Check all that apply.      |                      |
|   | Contingent  |                      |
| Vernon Hills IL 60061                             | _   |                      |
| City State Zip Code                               | Unliquidated  |                      |
| Who owes the debt? Check one.                     | Disputed  |                      |
| <b>-</b>  | <del>_</del>  |                      |
| Debtor 1 only                                     |   |                      |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                      |
| Debtor 1 and Debtor 2 only                        | Student loans   |                      |
|   | Obligations arising out of a separation agreement or divorce      |                      |
| At least one of the debtors and another           | <del>_</del>  |                      |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                      |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                      |
| Is the claim subject to offest?                   | <del></del>   |                      |
| No  | Other. Specify Credit Card or Credit Use                          |                      |
| Yes   | Other. SpecifyOrealt Gard of Orealt Ose                           |                      |
| I Yes   |   |                      |

Official Form 106E/F

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 24 of 69
Case Number (if known) Document Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** BK OF AMER \$ 5,564.00 Last 4 digits of account number \_ Creditor's Name 2005-2017 Po Box 982238 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent El Paso 79998 TX Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes BK OF AMER NULL \$ 6,077.00 Last 4 digits of account number 4.6 Creditor's Name 2004-2011 Po Box 982238 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent El Paso 79998 TX Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use Yes CAP1/Bstby NULL \$ 0.00 4.7 Last 4 digits of account number Creditor's Name 2008-2013 26525 N Riverwoods Blvd When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 25 of 69
Case Number (if known) Document Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** CAP1/Dbarn \$ 370.00 Last 4 digits of account number \_ Creditor's Name 2006-2017 Po Box 30253 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City UT 84130 Unliquidated State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes CBNA NULL \$ 908.00 Last 4 digits of account number 4.9 Creditor's Name 2008-2017 50 Northwest Point Road When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Elk Grove Village 60007 IL Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use Yes Chase CARD NULL \$ 783.00 Last 4 digits of account number Creditor's Name 2004-2017 Po Box 15298 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Wilmington 19850

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 26 of 69 Case Number (if known) **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Chase CARD Last 4 digits of account number \_\_\_\_\_NULL \$ 2,263.00

| Creditor's Name                                    | When was the debt incurred? 2002-2017                             |                    |
|--|---|--------------------|
| Po Box 15298                                       | When was the debt incurred?                                       |                    |
| Number Street                                      |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
|  | Contingent  |                    |
| Wilmington DE 19850                                | Unliquidated  |                    |
| City State Zip Code                                |   |                    |
| /ho owes the debt? Check one.                      | Disputed  |                    |
| Debtor 1 only                                      |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| s the claim subject to offest?                     |   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  | Other. Specify Oreal of Oreal osc                                 |                    |
| Chase CARD   | Last 4 digits of account number NULL                              | <b>\$</b> 2,671.00 |
| Creditor's Name                                    |   | * <del></del>      |
| Po Box 15298                                       | When was the debt incurred? 2007-2017                             |                    |
| Number Street                                      | <del></del>   |                    |
| rames.   |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
| Wilmington DE 10050                                | Contingent  |                    |
| Wilmington DE 19850                                | Unliquidated  |                    |
| City State Zip Code  Vho owes the debt? Check one. | Disputed  |                    |
| Debtor 1 only                                      |   |                    |
| <b>=</b>   |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| s the claim subject to offest?                     |   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   |                    |
| Chase CARD   | Last 4 digits of account numberNULL                               | \$ <u>3,222.00</u> |
| Creditor's Name                                    | When was the debt incurred? 2008-2017                             |                    |
| Po Box 15298                                       | When was the debt incurred?                                       |                    |
| Number Street                                      |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
| <del></del>  | Contingent  |                    |
| Wilmington DE 19850                                | Unliquidated  |                    |
| City State Zip Code                                |   |                    |
| /ho owes the debt? Check one.                      | Disputed  |                    |
| Debtor 1 only                                      |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| <b>=</b>   | Obligations arising out of a separation agreement or divorce      |                    |
| LAT least one of the dentors and another           |   |                    |
| At least one of the debtors and another            |   |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| Check if this claim relates to a community debt    |   |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |

Official Form 106E/F

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 27 of 69 Case Number (if known) **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.14 Chase CARD \$ 12,332.00 Last 4 digits of account number

| Creditor's Name  |  |                    |
|--|--|--------------------|
| D. D. 45000  | When was the debt incurred? 2005-2017  |                    |
| Po Box 15298   | When was the debt incurred?  |                    |
| Number Street  |  |                    |
|  | As of the date you file, the claim is: Check all that apply.   |                    |
|  | Contingent   |                    |
| Wilmington DE 19850  |  |                    |
| City State Zip Code  | Unliquidated   |                    |
| Who owes the debt? Check one.  | Disputed   |                    |
| Debtor 1 only  | _  |                    |
| <b> </b>   | - (NONDENDER)  |                    |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim: ☐   |                    |
| Debtor 1 and Debtor 2 only   | Student loans  |                    |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce   |                    |
| Check if this claim relates to a   | that you did not report as priority claims   |                    |
| community debt   | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?  | _  |                    |
| No   | Other. Specify Credit Card or Credit Use   |                    |
| Yes  | Other. Spoony  |                    |
| 4.15 CITI  | Last 4 digits of account number NULL   | <b>\$</b> 1,820.00 |
| Creditor's Name  |  | * <del></del>      |
| Po Box 6241  | When was the debt incurred? 2001-2010  |                    |
|  |  |                    |
| Number Street  |  |                    |
|  | As of the date you file, the claim is: Check all that apply.   |                    |
|  | Contingent   |                    |
| Sioux Falls SD 57117   | Unliquidated   |                    |
| City State Zip Code  |  |                    |
| Who owes the debt? Check one.  | Disputed   |                    |
| Debtor 1 only  |  |                    |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                    |
| Debtor 1 and Debtor 2 only   | Student loans  |                    |
|  | - Stadent loans  |                    |
| <b> </b>   | Obligations arising out of a congration agreement or diverse   |                    |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce   |                    |
| At least one of the debtors and another  Check if this claim relates to a  | that you did not report as priority claims   |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt   |  |                    |
| At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offest?  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt   | that you did not report as priority claims   |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  |                    |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No  Yes  4.16  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No  Yes  4.16  Creditor's Name   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16 CITI  Creditor's Name Po Box 6241   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred?  2014-2017  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16 CITI  Creditor's Name Po Box 6241   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred?  2014-2017  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No  Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  Debtor 1 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  Debtor 1 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offest?  No Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans   | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16 CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another                                   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce  | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16 CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims | \$ <u>5,892.00</u> |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offest?  No  Yes  4.16  CITI  Creditor's Name Po Box 6241  Number Street  Sioux Falls SD 57117  City State Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt             | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card or Credit Use  Last 4 digits of account number NULL  When was the debt incurred? 2014-2017  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims | \$ <u>5,892.00</u> |

Official Form 106E/F

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 28 of 69
Case Number (if known) **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.17 COMENITY BANK/Ashstwrt Last 4 digits of account number \_\_\_\_NULL \$ 88.00

| Creditor's Name                                   | When was the debt incurred? 2013-2017                             |                    |
|---|---|--------------------|
| Po Box 182789                                     | When was the debt incurred?                                       |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
| 0.1.1   | Contingent  |                    |
| Columbus OH 43218                                 | Unliquidated  |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
| Debtor 1 only                                     | _   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   |   |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| Yes   |   |                    |
| 4.18 COMENITY BANK/Avenue                         | Last 4 digits of account number NULL                              | <u>\$ 1,718.00</u> |
| Creditor's Name                                   | When was the debt incurred? 2001-2017                             |                    |
| Po Box 182789                                     | When was the debt incurred?                                       |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
| 0.1.1   | Contingent  |                    |
| Columbus OH 43218                                 | Unliquidated  |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
| Debtor 1 only                                     | _   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   |   |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| Yes   |   |                    |
| 4.19 COMENITY CAPITAL/HSN                         | Last 4 digits of account number NULL                              | \$ <u>479.00</u>   |
| Creditor's Name                                   | When was the debt incurred? 2014-2017                             |                    |
| 995 W 122Nd Ave                                   | When was the debt incurred?                                       |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
| Westerinster CO 00004                             | Contingent  |                    |
| Westminster CO 80234                              | Unliquidated  |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   | <del>-</del>  |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| Yes   |   |                    |

Record # 743417

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Debtor 1 Winston Charlton Document Page 29 of 69

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.20 Commerce BK

Creditor's Name
Po Box 411036

When was the debt incurred?

When was the debt incurred?

Entered 05/17/17 09:35:57 Desc Main
Page 29 of 69

Case Number (if known)

Last 4 digits of account number NULL

2013-2017

| After li   | sting any entries on this page, number them b | beginning with 4.4, followed by 4.5, a | and so forth.                  | l otal Claim       |
|------------|---|--|--------------------------------|--------------------|
| 4.20       | Commerce BK                                   | Last 4 digits of account number _      | NULL                           | <b>\$</b> 923.00   |
|            | Creditor's Name Po Box 411036                 | When was the debt incurred?            | 2013-2017                      |                    |
|            | Number Street                                 | when was the dept incurred?            |                                |                    |
|            | Number Street                                 |  |                                |                    |
|            |   | As of the date you file, the claim is  | : Check all that apply.        |                    |
|            | Kansas City MO 64141                          | Contingent                             |                                |                    |
|            | City State Zip Code                           | Unliquidated                           |                                |                    |
| \ <u>\</u> | Vho owes the debt? Check one.                 | Disputed                               |                                |                    |
|            | Debtor 1 only                                 |  |                                |                    |
|            | Debtor 2 only                                 | Type of NONPRIORITY unsecured          | claim:                         |                    |
|            | Debtor 1 and Debtor 2 only                    | Student loans                          |                                |                    |
| [          | At least one of the debtors and another       | Obligations arising out of a separa    | ition agreement or divorce     |                    |
|            | Check if this claim relates to a              | that you did not report as priority o  | laims                          |                    |
| ١.         | community debt                                | Debts to pension or profit-sharing     | plans, and other similar debts |                    |
|            | s the claim subject to offest?                | <u></u>                                |                                |                    |
|            | ■ No  | Other. Specify Credit Card or          | Credit Use                     |                    |
| 4.04       | Yes Commerce BK                               | Look 4 digits of account number        | NULL                           | <b>\$</b> 2,036.00 |
| 4.21       | Creditor's Name                               | Last 4 digits of account number _      |                                | \$ <u></u>         |
|            | Po Box 411036                                 | When was the debt incurred?            | 2012-2017                      |                    |
|            | Number Street                                 |  |                                |                    |
|            |   | A a of the data way file the alaim is  | or Ohaali all that and i       |                    |
|            |   | As of the date you file, the claim is  | з: Спеск ан тлат арріу.        |                    |
|            | Kansas City MO 64141                          | Contingent                             |                                |                    |
|            | City State Zip Code                           | Unliquidated                           |                                |                    |
| <u>v</u>   | Vho owes the debt? Check one.                 | Disputed                               |                                |                    |
|            | Debtor 1 only                                 |  |                                |                    |
| [          | Debtor 2 only                                 | Type of NONPRIORITY unsecured          | claim:                         |                    |
|            | Debtor 1 and Debtor 2 only                    | Student loans                          |                                |                    |
| [          | At least one of the debtors and another       | Obligations arising out of a separa    | ition agreement or divorce     |                    |
| [          | Check if this claim relates to a              | that you did not report as priority o  | alaims                         |                    |
| '          | community debt                                | Debts to pension or profit-sharing     | plans, and other similar debts |                    |
|            | s the claim subject to offest?                |  |                                |                    |
|            | No  | Other. Specify Credit Card or          | Credit Use                     |                    |
|            | Yes Discover FIN SVCS LLC                     |  | NII II I                       | • 2.7E1.00         |
| 4.22       |   | Last 4 digits of account number _      | NULL                           | \$ <u>2,751.00</u> |
|            | Creditor's Name Po Box 15316                  | When was the debt incurred?            | 2004-2017                      |                    |
|            | Number Street                                 | mon was the dest mountain.             |                                |                    |
|            | Number Sueet                                  |  |                                |                    |
|            |   | As of the date you file, the claim is  | 3: Check all that apply.       |                    |
|            | Wilmington DE 19850                           | Contingent                             |                                |                    |
|            | City State Zip Code                           | Unliquidated                           |                                |                    |
| v          | Vho owes the debt? Check one.                 | Disputed                               |                                |                    |
| [          | Debtor 1 only                                 |  |                                |                    |
| 1          | Debtor 2 only                                 | Type of NONPRIORITY unsecured          | claim:                         |                    |
|            | Debtor 1 and Debtor 2 only                    | Student loans                          |                                |                    |
|            | At least one of the debtors and another       | Obligations arising out of a separa    | ution agreement or divorce     |                    |
|            | Check if this claim relates to a              | that you did not report as priority of |                                |                    |
|            | community debt                                | Debts to pension or profit-sharing     |                                |                    |
| 1          | s the claim subject to offest?                |  |                                |                    |
|            | No  | Other. Specify Credit Card or          | · Credit Use                   |                    |
|            | Yes   |  |                                |                    |
|            |   |  |                                |                    |

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 30 of 69 Case Number (if known) **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Discover FIN SVCS LLC \$<u>11,236.00</u> Last 4 digits of account number \_\_\_\_NULL

| Creditor's Name                                    | 2006 2017   |                  |
|--|---|------------------|
| Po Box 15316                                       | When was the debt incurred? 2006-2017                             |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  |   |                  |
| Wilmington DE 19850                                | Contingent  |                  |
|  | Unliquidated  |                  |
| City State Zip Code  /ho owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      | _   |                  |
| <b>=</b>   | T. CHOUDDIONITY   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| the claim subject to offest?                       | _   |                  |
| No   | Other. Specify Credit Card or Credit Use                          |                  |
| Yes  | Other. Specify  |                  |
| DuPage Medical Group                               | Last 4 digits of account number                                   | <b>\$</b> 1.00   |
| Creditor's Name                                    |   |                  |
| 15921 Collections Center Dr                        | When was the debt incurred?                                       |                  |
| Number Street                                      | <del></del>   |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | Contingent  |                  |
| Chicago IL 60693                                   | Unliquidated  |                  |
| City State Zip Code                                | ☐ Disputed  |                  |
| /ho owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|  | that you did not report as priority claims                        |                  |
| Check if this claim relates to a                   |   |                  |
| community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                  |
|  |   |                  |
| ■ No<br>¬  | Other. Specify Medical/Dental Services                            |                  |
| Yes  |   | * 400.00         |
| Edward Health Ventures                             | Last 4 digits of account number                                   | \$ <u>400.00</u> |
| Creditor's Name                                    |   |                  |
| 26185 Network PI                                   | When was the debt incurred?                                       |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | _   |                  |
| Chicago IL 60673                                   | Contingent  |                  |
| City State Zip Code                                | Unliquidated  |                  |
| Vho owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| <b>=</b>   | Time of NONDRIORITY improvement algebra                           |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| the claim subject to offest?                       | <del>_</del>  |                  |
| No   | Other. Specify Medical/Dental Services                            |                  |
| Ī.,  | Other. Specify  |                  |

Record # 743417

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Page 31 of 69 Winston Charlton Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them b      | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|-----------|--|---|--------------------|
| 4.26      | Electrostim Med                                    | Last 4 digits of account number                                   | \$ 200.00          |
|           | Creditor's Name                                    | When we the debt is some dO                                       |                    |
|           | 3504 Cragmont Dr                                   | When was the debt incurred?                                       |                    |
|           | Number Street                                      |   |                    |
|           | Suite 100  | As of the date you file, the claim is: Check all that apply.      |                    |
|           | T  | Contingent  |                    |
|           | Tampa FL 33619                                     | Unliquidated  |                    |
| _ v       | City State Zip Code  Vho owes the debt? Check one. | Disputed  |                    |
| Ιř        | Debtor 1 only                                      |   |                    |
| l F       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|           | <b>=</b>   | Student loans   |                    |
|           | Debtor 1 and Debtor 2 only                         |   |                    |
|           | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| L         | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| l.        | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| "         | No   | <b>=</b>  |                    |
| 1 7       | Yes  | Other. Specify  |                    |
| 4.27      | Elmhurst Memorial Hospital                         | Last 4 digits of account number                                   | <b>\$</b> 155.00   |
| 4.21      | Creditor's Name                                    | Lust 4 digits of decodift number                                  | ·                  |
|           | 200 Berteau  | When was the debt incurred?                                       |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date over file the already to Olympia III in a large    |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           | Elmhurst IL 60126                                  | Contingent  |                    |
|           | City State Zip Code                                | Unliquidated  |                    |
| v         | /ho owes the debt? Check one.                      | Disputed  |                    |
|           | Debtor 1 only                                      |   |                    |
| [         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| ΙĒ        | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| li        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| 1 7       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| -         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is        | s the claim subject to offest?                     |   |                    |
|           | No   | Other. Specify Medical/Dental Service                             |                    |
|           | Yes  | Guion opean,  |                    |
| 4.28      | Fifth Third BANK                                   | Last 4 digits of account number NULL                              | <b>\$</b> 5,092.00 |
|           | Creditor's Name                                    | 0040 0047   |                    |
|           | 5050 Kingsley Dr                                   | When was the debt incurred? 2013-2017                             |                    |
|           | Number Street                                      |   |                    |
|           |  | As of the date you file, the claim is: Check all that apply.      |                    |
|           |  | Contingent  |                    |
|           | Cincinnati OH 45227                                | Unliquidated  |                    |
|           | City State Zip Code                                | Disputed  |                    |
| <u>'</u>  | /ho owes the debt? Check one.                      | Disputed  |                    |
|           | Debtor 1 only                                      |   |                    |
| <u> </u>  | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|           | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| [         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|           | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| -         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is        | s the claim subject to offest?                     |   |                    |
|           | No<br>Vec  | Other. Specify Credit Card or Credit Use                          |                    |
|           | IVoc   |   |                    |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Page 32 of 69 Case Number (if known) **P**զբայրent Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                  | Total Claim      |
|-----------|---|--|------------------|
| 4.29      | Laboratory and Pathology                          | Last 4 digits of account number                                    | \$ <u>49.00</u>  |
|           | Creditor's Name                                   |  |                  |
|           | Dept 4387   | When was the debt incurred?  |                  |
|           | Number Street                                     |  |                  |
|           |   | As of the date you file, the claim is: Check all that apply.       |                  |
|           |   | Contingent   |                  |
|           | Carol Stream IL 60122                             | Unliquidated   |                  |
| ١ ,       | City State Zip Code /ho owes the debt? Check one. | Disputed   |                  |
| ľ         | Debtor 1 only                                     |  |                  |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                  |
|           | Debtor 1 and Debtor 2 only                        | Student loans  |                  |
|           | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                  |
| }         |   | that you did not report as priority claims                         |                  |
| 4         | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| ls        | the claim subject to offest?                      | Debte to perision of profit-sharing plans, and other shrinks debte |                  |
|           | No  | Other. Specify   |                  |
|           | Yes   | Other. Opening   |                  |
| 4.30      | Merchants Credit Guide                            | Last 4 digits of account number 0083                               | \$ <u>192.00</u> |
|           | Creditor's Name                                   | 2016 2016  |                  |
|           | 223 W Jackson Blvd Ste 4                          | When was the debt incurred? 2016-2016                              |                  |
|           | Number Street                                     |  |                  |
|           |   | As of the date you file, the claim is: Check all that apply.       |                  |
|           |   | Contingent   |                  |
|           | Chicago IL 60606                                  | Unliquidated   |                  |
| v         | City State Zip Code /ho owes the debt? Check one. | Disputed   |                  |
|           | Debtor 1 only                                     |  |                  |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                  |
| F         | Debtor 1 and Debtor 2 only                        | Student loans  |                  |
| F         | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                  |
|           | Check if this claim relates to a                  | that you did not report as priority claims                         |                  |
| -         | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| ls        | the claim subject to offest?                      |  |                  |
|           | No  | Other. Specify Medical Debt  |                  |
|           | Yes   |  |                  |
| 4.31      | Naperville Radiologists                           | Last 4 digits of account number                                    | \$ <u>46.00</u>  |
|           | Creditor's Name                                   |  |                  |
|           | 6910 s Madison St                                 | When was the debt incurred?  |                  |
|           | Number Street                                     |  |                  |
|           |   | As of the date you file, the claim is: Check all that apply.       |                  |
|           | Willowbrook II 60527                              | Contingent   |                  |
|           | Willowbrook IL 60527                              | Unliquidated   |                  |
| v         | City State Zip Code /ho owes the debt? Check one. | Disputed   |                  |
| [         | Debtor 1 only                                     |  |                  |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                               |                  |
|           | Debtor 1 and Debtor 2 only                        | Student loans  |                  |
|           | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce       |                  |
| }         | Check if this claim relates to a                  | that you did not report as priority claims                         |                  |
| -         | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| ls ls     | the claim subject to offest?                      | <del>_</del>   |                  |
|           | No  | Other. Specify Medical/Dental Service                              |                  |
|           | Yes   | <del>_</del>   |                  |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Page 33 of 69 Case Number (if known) Winston Charlton Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any en | tries on this page, number them   | beginning with 4.4, followed by 4.5, an | d so forth.                  | Total Claim        |
|----------------------|-----------------------------------|---|------------------------------|--------------------|
| 4.32 Navient         |                                   | Last 4 digits of account number         | 3049                         | \$ <u>8,937.00</u> |
| Creditor's Nam       | e                                 | · -                                     | <del></del>                  |                    |
| 123 S Justi          | son St Ste 30                     | When was the debt incurred?             | 2007-2017                    |                    |
| Number               | Street                            |   |                              |                    |
|                      |                                   |   | a                            |                    |
|                      |                                   | As of the date you file, the claim is:  | Check all that apply.        |                    |
| Wilmington           | DE 19801                          | Contingent                              |                              |                    |
| City                 | State Zip Code                    | Unliquidated                            |                              |                    |
|                      | e debt? Check one.                | Disputed                                |                              |                    |
| Debtor 1 on          |                                   | _                                       |                              |                    |
| Debtor 2 on          | •                                 | Type of NONDRIORITY upgeoured a         | laim.                        |                    |
|                      |                                   | Type of NONPRIORITY unsecured of        | idiii.                       |                    |
| =                    | d Debtor 2 only                   | Student loans                           |                              |                    |
| At least one         | of the debtors and another        | Obligations arising out of a separation |                              |                    |
|                      | nis claim relates to a            | that you did not report as priority cla |                              |                    |
| communit             |                                   | Debts to pension or profit-sharing pl   | ans, and other similar debts |                    |
|                      | ubject to offest?                 | _                                       |                              |                    |
| No                   |                                   | Other. Specify                          |                              |                    |
| Yes                  |                                   |   | 2025                         | . 0.00             |
| 4.33 Onemain         |                                   | Last 4 digits of account number         |                              | \$ <u>0.00</u>     |
| Creditor's Nam       |                                   | When we the debt in sumed?              | 2016-2017                    |                    |
| Po Box 499           |                                   | When was the debt incurred?             | 2010 2011                    |                    |
| Number               | Street                            |   |                              |                    |
|                      |                                   | As of the date you file, the claim is:  | Check all that apply.        |                    |
|                      |                                   | Contingent                              |                              |                    |
| Hanover              | MD 21076                          | Unliquidated                            |                              |                    |
| City                 | State Zip Code                    |   |                              |                    |
| Who owes the         | e debt? Check one.                | Disputed                                |                              |                    |
| Debtor 1 on          | ly                                |   |                              |                    |
| Debtor 2 on          | ly                                | Type of NONPRIORITY unsecured of        | laim:                        |                    |
| Debtor 1 an          | d Debtor 2 only                   | Student loans                           |                              |                    |
| At least one         | of the debtors and another        | Obligations arising out of a separation | on agreement or divorce      |                    |
| Check if th          | nis claim relates to a            | that you did not report as priority cla | ims                          |                    |
| communit             |                                   | Debts to pension or profit-sharing pl   |                              |                    |
|                      | ubject to offest?                 |   | ,                            |                    |
| No                   |                                   | Other. Specify Personal Loan            |                              |                    |
| Yes                  |                                   | Other: Specify : 5.55.14. 254.1         | <del></del>                  |                    |
| 4.34 Onemain         |                                   | Last 4 digits of account number         | 0879                         | \$ 3,956.00        |
| Creditor's Nam       | e                                 |   | <del></del>                  |                    |
| Po Box 101           |                                   | When was the debt incurred?             | 2016-2017                    |                    |
| Number               | Street                            |   |                              |                    |
|                      |                                   |   |                              |                    |
|                      |                                   | As of the date you file, the claim is:  | Check all that apply.        |                    |
| Evansville           | IN 47706                          | Contingent                              |                              |                    |
|                      |                                   | Unliquidated                            |                              |                    |
| City Who owes the    | State Zip Code e debt? Check one. | Disputed                                |                              |                    |
| Debtor 1 on          |                                   | _                                       |                              |                    |
| _ =                  | •                                 | Time of NONDRIODITY                     | loim.                        |                    |
| Debtor 2 on          |                                   | Type of NONPRIORITY unsecured o         | Hann:                        |                    |
|                      | d Debtor 2 only                   | Student loans                           |                              |                    |
| At least one         | of the debtors and another        | Obligations arising out of a separation | •                            |                    |
| _                    | nis claim relates to a            | that you did not report as priority cla |                              |                    |
| communit             |                                   | Debts to pension or profit-sharing pl   | ans, and other similar debts |                    |
| _                    | ubject to offest?                 |   |                              |                    |
| No                   |                                   | Other. Specify Personal Loan            |                              |                    |
| Yes                  |                                   |   |                              |                    |

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Page 34 of 69 **Document** Winston Charlton Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page **Total Claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. PayPal Credit \$ 3,929.00 Last 4 digits of account number \_ Creditor's Name PO Box 5138 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent MD 21094 Timonium Unliquidated City State Zip Code Disputed Who owes the debt? Check one.

| Debtor 1 only  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Debtor 2 only  | Type of NONPRIC  | RITY unsecured cl                        | aim:   |  |  |  |
| Debtor 1 and Debtor 2 only   | Student loans  |  |  |  |  |  |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce |  |  |  |  |  |
| Check if this claim relates to a   | that you did not report as priority claims                   |  |  |  |  |  |
| community debt   |  | n or profit-sharing pla                  |  | r debts  |  |  |
| Is the claim subject to offest?  |  | o. prom onamig pic                       | and, and outer outline                       | . 455.0  |  |  |
| No   | Other Specify  | Credit Card or C                         | redit Use                                    |  |  |  |
| Yes  | Other: Opcomy  |  |  |  |  |  |
| .36 Syncb/JC PENNEY DC   | Last 4 digits of ac  | count number                             | NULL   | \$ <u>607.00</u>   |  |  |
| Creditor's Name  |  |  |  |  |  |  |
| Po Box 965007  | When was the de  | bt incurred?                             | 2016-2017                                    |  |  |  |
| Number Street  |  |  |  |  |  |  |
|  | As of the date you   | u file, the claim is:                    | Check all that annly                         |  |  |  |
|  | Contingent   | a me, the claim is.                      | oncor an mar apply.                          | •  |  |  |
| Orlando FL 32896   | = '  |  |  |  |  |  |
| City State Zip Code  | Unliquidated   |  |  |  |  |  |
| Who owes the debt? Check one.  | Disputed   |  |  |  |  |  |
| Debtor 1 only  |  |  |  |  |  |  |
| Debtor 2 only  | Type of NONPRIC  | RITY unsecured cl                        | aim:   |  |  |  |
| Debtor 1 and Debtor 2 only   | Student loans  |  |  |  |  |  |
| At least one of the debtors and another  | Obligations aris   | ing out of a separatio                   | n agreement or divo                          | rce  |  |  |
| Check if this claim relates to a   | that you did not   | report as priority clai                  | ms   |  |  |  |
| community debt   | Debts to pension   | n or profit-sharing pla                  | ins, and other simila                        | r debts  |  |  |
| Is the claim subject to offest?  |  |  | •  |  |  |  |
| No   | Other. Specify   | Credit Card or C                         | redit Use                                    |  |  |  |
| Yes  |  |  |  |  |  |  |
| Part S: List Others to Be Notified for a Debt That   | You Already Listed   |  |  |  |  |  |
| Pair S:  |  |  |  |  |  |  |
| . Use this page only if you have others to be notified a example, if a collection agency is trying to collect fro 2, then list the collection agency here. Similarly, if yo additional creditors here. If you do not have addition | m you for a debt you<br>u have more than on                  | owe to someone e<br>e creditor for any o | lse, list the origina<br>f the debts that yo | al creditor in Parts 1 or<br>ou listed in Parts 1 or 2, list the |  |  |
| Nationwide Credit & Collection   |  | On which entry                           | n Part 1 or Part 2                           | list the original creditor?                                      |  |  |
| Name<br>815 Commerce Dr., Ste. 100   |  | Line19 of (                              | Check one):                                  | Part 1: Creditors with Priority Unsecured Claims                 |  |  |
| Number Street  |  |  |  | Part 2: Creditors with Nonpriority Unsecured Claims              |  |  |
| Oak Brook  | IL 60523   | Last 4 digits of a                       | account number _                             |  |  |  |
| City Stat  | e Zip Code   |  |  |  |  |  |
|  |  |  |  |  |  |  |

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297

Schedule E/F: Creditors Who Have Unsecured Claims

Page 35 of 69 Case Number (if known) **Document** Winston Charlton Debtor 1

Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |  |            | Total claim            |
|--------------------------|--|------------|------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations   | 6a.        | \$0.00                 |
|                          | 6b. Taxes and Certain other debts you owe the government   | 6b.        | \$0.00                 |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$0.00                 |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.  | 6d.        | \$0.00                 |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$0.00                 |
|                          |  |            |                        |
|                          |  |            | Total claim            |
| Total claims from Part 2 | 6f. Student loans  | 6f.        | Total claim \$8,937.00 |
|                          | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6f.<br>6g. | 0.007.00               |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$ 8,937.00            |
|                          | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul> | 6g.        | \$                     |

|               |                 | Caso 17 1                 | 5207 Doc 1 E                     | ilod 05/17/17              | Entered 05/17/17 09:35:57  | Desc Main           |
|---------------|-----------------|---------------------------|----------------------------------|----------------------------|--|---------------------|
| Fill          | in this in      | formation to identify     |                                  |                            | 6 of 69  | Desc Main           |
| Del           | btor 1          | Winston                   | Charlton                         | Purchase                   |  |                     |
|               |                 | First Name                | Middle Name                      | Last Name                  |  |                     |
|               | btor 2          | Theresa                   | Ann                              | Purchase                   |  |                     |
| (Spo          | use, if filing) | First Name                | Middle Name                      | Last Name                  |  |                     |
| Uni           | ted States      | Bankruptcy Court for the  | e: <u>NORTHERN</u> District of _ | ILLINOIS(State)            |  |                     |
|               | se Number       |                           |                                  | — (Glate)                  |  | Check if this is an |
| (If k         | known)          |                           |                                  |                            |  | amended filing      |
| <u>Offic</u>  | <u>cial F</u>   | orm 106G                  |                                  |                            |  |                     |
| Sch           | edule           | G: Executor               | y Contracts and                  | Unexpired Lea              | ses  | 12/1                |
| nform         | ation. If n     | nore space is needed      |                                  | fill it out, number the en | n are equally responsible for supplying correct<br>ntries, and attach it to this page. On the top of a | ny                  |
| 1. <b>D</b> c | _               | -                         | tracts or unexpired leases?      |                            |  |                     |
|               | No. Ch          | eck this box and subr     | mit this form to the court with  | your other schedules. Yo   | ou have nothing else to report on this form.   |                     |
|               | Yes. Fil        | I in all of the informati | on below even if the contract    | ts or leases are listed in | Schedule A/B: Property (Official Form 106A/B)  |                     |
|               |                 |                           |                                  |                            |  |                     |
| exa           | -               | nt, vehicle lease, cel    |                                  |                            | Then state what each contract or lease is for (fuction booklet for more examples of executory co       |                     |
| P             | erson or        | company with whon         | n you have the contract or I     | ease                       | State what the contract or lease   | e is for            |
| 2.1           |                 |                           |                                  |                            |  |                     |
|               | Name            |                           |                                  |                            |  |                     |
|               | Number          | Street                    |                                  |                            |  |                     |
|               |                 |                           |                                  |                            | -  |                     |
|               | City            |                           | State Zip                        | Code                       |  |                     |
| 2.2           |                 |                           |                                  |                            |  |                     |
|               | Name            |                           |                                  |                            |  |                     |
|               | Number          | Street                    |                                  |                            | -  |                     |
|               |                 |                           |                                  |                            |  |                     |
|               | City            |                           | State Zip                        | Code                       | -  |                     |
| 2.3           |                 |                           |                                  |                            |  |                     |
|               | Name            |                           |                                  |                            |  |                     |
|               |                 |                           |                                  |                            |  |                     |
|               | Number          | Street                    |                                  |                            |  |                     |
|               | City            |                           | State Zip                        | Code                       | -  |                     |
|               |                 |                           |                                  |                            |  |                     |
| 2.4           |                 |                           |                                  |                            |  |                     |
|               | Name            |                           |                                  |                            |  |                     |
|               | Number          | Street                    |                                  |                            | -  |                     |
|               |                 |                           |                                  |                            |  |                     |
|               | City            |                           | State Zip                        | Code                       |  |                     |
| 2.5           |                 |                           |                                  |                            |  |                     |
|               | Name            |                           |                                  |                            |  |                     |
|               |                 |                           |                                  |                            | -  |                     |
|               | Number          | Street                    |                                  |                            |  |                     |
|               | City            |                           | State Zip                        | Code                       | -  |                     |
|               |                 |                           | <b>-</b> p                       |                            |  |                     |

Official Form 106G

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

| Fill in this in     | nformation to identif    |                                    |                 |
|---------------------|--------------------------|------------------------------------|-----------------|
| Debtor 1            | Winston                  | Charlton                           | Purchase        |
|                     | First Name               | Middle Name                        | Last Name       |
| Debtor 2            | Theresa                  | Ann                                | Purchase        |
| (Spouse, if filing) | First Name               | Middle Name                        | Last Name       |
| United States       | Bankruptcy Court for the | ne : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> |
|                     |                          |                                    | (State)         |
| Case Number         | r                        |                                    | _               |
| (If known)          |                          |                                    |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| y 2      |          |                     | your name and case number (if known). Answer                                    |              |  |
|----------|----------|---------------------|---|--------------|--|
| 1. 🖸     | o you    | have any codeb      | cors? (If you are filing a joint case, do not list either                       | spouse as a  | a codebtor.)   |
|          | No.      |                     |   |              |  |
|          | Yes      | i                   |   |              |  |
|          |          | = -                 | nave you lived in a community property state or                                 |              |  |
| <i>-</i> | _        |                     | o, Lousiiana, Nevada, New Mexico, Puerto Rico, To                               | exas, Washi  | ngton, and Wisconsin.)                               |
|          |          | Go to line 3.       |   |              |  |
| L        | Yes      | . Did your spous    | e, former spouse, or legal equivalent live with you                             | at the time? |  |
|          |          |                     | ommunity state or territory did you live?                                       |              | Fill in the name and current address of that person. |
|          |          |                     |   |              |  |
|          |          | Name of your spouse | former spouse or legal equivalent   |              |  |
|          |          | Number Street       |   |              |  |
|          |          | City                | State   | Zip Co       | de   |
| 3. lı    | n Colur  | mn 1, list all of y | our codebtors. Do not include your spouse as a                                  | codebtor if  | our spouse is filing with you. List the person       |
|          |          | _                   | a codebtor only if that person is a guarantor or                                | _            | -  |
|          |          | -                   | m 106D), Schedule E/F (Official Form 106E/F), or<br>ule G to fill out Column 2. | r Schedule G | (Official Form 106G). Use Schedule D,                |
|          |          | ·                   |   |              |  |
|          | Colun    | nn 1: Your codek    | tor   |              | Column 2: The creditor to whom you owe the debt      |
|          |          |                     |   |              | Check all schedules that apply:                      |
| 3.1      |          |                     |   |              | Schedule D, line                                     |
|          | Name     | •                   |   |              | Schedule E/F, line                                   |
|          | Numb     | ber Street          |   |              | Schedule G, line                                     |
|          | City     |                     | State   | Zip Code     |  |
| 3.2      |          |                     |   |              | Schedule D, line                                     |
|          | Name     | •                   |   |              | Schedule E/F, line                                   |
|          | Numb     | ber Street          |   |              |  |
|          |          |                     |   |              | Schedule G, line                                     |
| 3.3      | City     |                     | State   | Zip Code     |  |
| 3.3      | <br>Name | <u> </u>            |   |              | Schedule D, line                                     |
|          |          |                     |   |              | Schedule E/F, line                                   |
|          | Numb     | ber Street          |   |              | Schedule G, line                                     |
|          | City     |                     | State   | Zip Code     |  |

Official Form 106H Record # 743417 Schedule H: Your Codebtors Page 1 of 1

| ebtor 1          | Winston    | Charlton    | Purchase  |
|------------------|------------|-------------|-----------|
|                  | First Name | Middle Name | Last Name |
| ebtor 2          | Theresa    | Ann         | Purchase  |
| ouse, if filing) | First Name | Middle Name | Last Name |

|   | ck if this is:                              |
|---|---|
| Ш | An amended filing                           |
|   | A supplement showing post-petition          |
|   | chapter 13 income as of the following date: |
|   |   |
|   | MM / DD / YYYY                              |

# Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment   |                                 |                           |              |                                   |
|----|---|---------------------------------|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information   |                                 | Debtor 1                  |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status               | X Employed Not employed   | i            | X Employed Not employed           |
|    | Include part-time, seasonal, or self-employed work.   | Occupation                      | Carrier                   |              | Admin Asst                        |
|    | Occupation may Include student or homemaker, if it applies.   | Employers name                  | United States Pos         | stal Service | LGS Innovations LLC               |
|    |   | Employers address               | 2825 Lone Oak Pa          | arkway       | 13665 Dulles Tech Dr              |
|    |   |                                 | Eagan, MN 55121           |              | River Grove, IL 60171             |
|    |   |                                 |                           |              |                                   |
|    |   | How long employed there?        | Since 1/1/1994            |              | Since 4/1/2015                    |
| Pa | rt 2: Give Details About Monthly  | y Income                        |                           |              |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ve more than one employer, comb | ine the information for a | •            |                                   |
|    |   |                                 |                           | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, c  | •                               | •                         | \$6,108.92   | \$4,240.17                        |
| 3. | Estimate and list monthly overting  | ne pay.                         |                           | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line  | 2 + line 3.                     |                           | \$6,108.92   | \$4,240.17                        |

Official Form 106I Record # 743417 Schedule I: Your Income Page 1 of 2

Case 17-15297 Filed 05/17/17 Desc Main Entered 05/17/17 09:35:57 Doc 1 Page 39 of 69

Document Charlton Winston Debtor 1 Case Number (if known) \_

Last Name

Middle Name

First Name

|             |                    |   |                 | For Debtor 1               | For Debtor 2 or non-filing spouse | _                     |
|-------------|--------------------|---|-----------------|----------------------------|-----------------------------------|-----------------------|
|             | Copy               | y line 4 here   | 4.              | \$6,108.92                 | \$4,240.17                        |                       |
| 5. <b>L</b> |                    | payroll deductions:   | _               | *4.050.00                  | 0.4.400.00                        |                       |
|             |                    | Fax, Medicare, and Social Security deductions   | 5a.             | \$1,352.63                 | \$1,106.62                        |                       |
|             |                    | Mandatory contributions for retirement plans  | 5b.<br>-        | \$39.91                    | \$0.00                            |                       |
|             | 5c. <b>V</b>       | oluntary contributions for retirement plans   | 5c.<br>-        | \$0.00                     | \$127.20                          |                       |
|             | 5d. <b>F</b>       | Required repayments of retirement fund loans  | 5d.<br>_        | \$0.00                     | \$0.00                            |                       |
|             |                    | nsurance  | 5e.<br>_        | \$400.88                   | \$0.00                            |                       |
|             | 5f. <b>C</b>       | Domestic support obligations  | 5f.<br>-        | \$0.00                     | \$0.00                            |                       |
|             | 5g. <b>L</b>       | Jnion dues  | 5g.<br>_        | \$59.65                    | \$0.00                            |                       |
|             |                    | Other deductions. Specify: Life Insurance(D1), Life Insurance(D2),  | 5h.<br>-        | \$68.96                    | \$36.29                           |                       |
| 6. <b>A</b> | dd the             | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.<br>_         | \$1,922.03                 | \$1,270.12                        |                       |
| 7. <b>C</b> | alcula             | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.              | \$4,186.89                 | \$2,970.04                        |                       |
| 8. <b>L</b> | ist all            | other income regularly received:  |                 |                            |                                   |                       |
|             | 8a.                | Net income from rental property and from operating a business,  |                 |                            |                                   |                       |
|             |                    | profession, or farm   |                 |                            |                                   |                       |
|             |                    | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                 |                            |                                   |                       |
|             |                    | monthly net income.   | 8a.             | \$0.00                     | \$0.00                            |                       |
|             | 8b.                | Interest and dividends  | 8b.             | \$0.00                     | \$0.00                            |                       |
|             | 8c.                | Family support payments that you, a non-filing spouse, or a   | 8c.             | \$ 0.00                    | \$ 0.00                           |                       |
|             |                    | dependent regularly receive   |                 |                            |                                   |                       |
|             |                    | Include alimony, spousal support, child support, maintenance, divorce   |                 |                            |                                   |                       |
|             |                    | settlement, and property settlement.  |                 |                            |                                   |                       |
|             | 8d.                | Unemployment compensation   | 8d.             | \$0.00                     | \$0.00                            |                       |
|             | 8e.                | Social Security   | 8e.<br>_        | \$0.00                     | \$0.00                            |                       |
|             | 8f.                | Other government assistance that you regularly receive  | 8f.             | \$0.00                     | \$0.00                            |                       |
|             |                    | Include cash assistance and the value (if known) of any non-cash  |                 |                            |                                   |                       |
|             |                    | assistance that you receive, such as food stamps (benefits under the  |                 |                            |                                   |                       |
|             |                    | Supplemental Nutrition Assistance Program) or housing subsidies.  |                 |                            |                                   |                       |
|             |                    | Specify:  |                 |                            |                                   |                       |
|             | 8g.                | Pension or retirement income  | 8g.<br>_        | \$0.00                     | \$0.00                            |                       |
|             | 8h.                | Other monthly income. Specify: Part time, Part time,  | 8h.<br>_        | \$125.00                   | \$200.00                          |                       |
| 9.          | Add                | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9               | \$125.00                   | \$200.00                          |                       |
| 10.         | Calc               | ulate monthly income. Add line 7 + line 9.  | 10.             | \$4,311.89 +               | \$3,170.04                        | \$7,481.93            |
|             | Add                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | L               | <b>V</b> 1,011100          | <b>40,110101</b>                  | Ψ1,401.00             |
| 11.         | Incluother<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  In the contribution of the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  In the contribution of the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. | our depender    | o pay expenses listed in   |                                   | 11. \$0.00            |
| 12.         | Add                | the amount in the last column of line 10 to the amount in line 11. The re-  | sult is the cor | nbined monthly income.     |                                   |                       |
|             |                    | e that amount on the Summary of Schedules and Statistical Summary of Co   |                 | es and Related Data, if it | applies                           | 12. <b>\$7,481.93</b> |
| 13.         | X I                | ou expect an increase or decrease within the year after you file this form No. Yes. Explain:  | 1?              |                            |                                   |                       |

| Fill in this in              | nformation to identify y                      | our case:                  |  |   |                     |                           |
|------------------------------|---|----------------------------|--|---|---------------------|---------------------------|
| Debtor 1                     | Winston                                       | Charlton                   | Purchase   | Check if this is:   |                     |                           |
|                              | First Name                                    | Middle Name                | Last Name  | An amende   | ū                   |                           |
| Debtor 2 (Spouse, if filing) | Theresa First Name                            | Ann Middle Name            | Purchase  Last Name                                      |   |                     | t-petition chapter 13     |
|                              |   | NORTHERN DISTRICT O        |  | income as   | of the following o  | iate:                     |
| Case Numbe                   |   |                            |  | MM / DD / Y   | YYYY                |                           |
| (If known)                   |   |                            |  | A congrete  | filing for Dobtor   | 2 hooguaa Dobtor 2        |
| Official F                   | orm 106J                                      |                            |  |   | separate house      | 2 because Debtor 2 ehold. |
| Schedu                       | le J: Your Ex                                 | penses                     |  |   |                     | 12/14                     |
| Be as complete               | e and accurate as poss                        | ible. If two married peop  | e are filing together, both                              | are equally responsible for supplyi   | ng correct inform   | ation. If                 |
| more space is question.      | needed, attach another                        | sheet to this form. On th  | ne top of any additional pag                             | ges, write your name and case nun   | nber (if known). Aı | nswer every               |
| Part 1:                      | Describe Your Household                       | ı                          |  |   |                     |                           |
| 1. Is this a jo              | int case?                                     |                            |  |   |                     |                           |
|                              | Go to line 2.                                 |                            |  |   |                     |                           |
| X Yes.                       | Does Debtor 2 live in a                       | separate household?        |  |   |                     |                           |
|                              | X No.   | st file a separate Schedul | ا ۵  |   |                     |                           |
|                              | Tes. Debiol 2 ma                              | ot life a separate ochedur |  |   |                     |                           |
| 2. Do you                    | have dependents?                              | X No                       |  | Dependent's relationship to   | Dependent's         | Does dependent live       |
|                              | ist Debtor 1 and                              |                            | this information for                                     | Debtor 1 or Debtor 2  | age                 | with you?  X No           |
| Debtor 2                     | 2.  | each depend                | dent   |   |                     |                           |
| Do not s<br>names.           | state the dependents'                         |                            |  |   |                     | Yes                       |
|                              |   |                            |  |   |                     | X No                      |
|                              |   |                            |  |   |                     | Yes                       |
|                              |   |                            |  |   |                     |                           |
|                              |   |                            |  |   |                     | Yes                       |
|                              |   |                            |  |   |                     |                           |
|                              |   |                            |  |   |                     | Yes                       |
|                              |   |                            |  |   |                     |                           |
| 3. Do your                   | avnonese includo                              |                            |  |   |                     | Yes                       |
| expense                      | expenses include es of people other than      | X No                       |  |   |                     |                           |
| yoursel                      | f and your dependents?                        | Yes                        |  |   |                     |                           |
|                              | Estimate Your Ongoing N                       |                            |  |   |                     |                           |
| _                            |   |                            |  | n as a supplement in a Chapter 13 on the chapter 13 on the check the box at the top of the form |                     |                           |
| the applicable               |   |                            | ,  |   |                     |                           |
|                              | =   | =                          | nce if you know the value<br>Income (Official Form 106I. | )   | ,                   | Your expenses             |
|                              |   |                            |  | •   |                     |                           |
|                              | tal or home ownership tfor the ground or lot. | expenses for your reside   | ence. Include first mortgage                             | e payments and  | 4.                  | \$2,942.64                |
|                              | cluded in line 4:                             |                            |  |   | 4.                  | Ψ2,0 τ2.0 τ               |
|                              | eal estate taxes                              |                            |  |   | 4a.                 | \$0.00                    |
|                              | operty, homeowner's, o                        | renter's insurance         |  |   | 4b.                 | \$0.00                    |
|                              |   | r, and upkeep expenses     |  |   | 4c.                 | \$100.00                  |
|                              | omeowner's association                        |                            |  |   | 4d.                 | \$15.00                   |
|                              |   |                            |  |   |                     |                           |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Document Page 41 of 69 Winston Charlton Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name

|     |   |      | Your expense | es       |
|-----|---|------|--------------|----------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |              | \$469.00 |
| 6.  | Utilities:  |      |              |          |
|     | 6a. Electricity, heat, natural gas  | 6a.  |              | \$270.00 |
|     | 6b. Water, sewer, garbage collection  | 6b.  |              | \$120.00 |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |              | \$339.00 |
|     | 6d. Other. Specify:   | 6d.  | \$           | 0.00     |
| 7.  | Food and housekeeping supplies  | 7.   |              | \$500.00 |
| 8.  | Childcare and children's education costs  | 8.   |              | \$0.00   |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   |              | \$140.00 |
| 10. | Personal care products and services   | 10.  |              | \$70.00  |
| 11. | Medical and dental expenses   | 11.  |              | \$100.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  | 12.  |              | \$421.00 |
|     | Do not include car payments.  |      |              |          |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |              | \$50.00  |
| 14. | Charitable contributions and religious donations  | 14.  |              | \$100.00 |
| 15. | Insurance.  |      |              |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |              |          |
|     | 15a. Life insurance   | 15a. |              | \$0.00   |
|     | 15b. Health insurance   | 15b. |              | \$0.00   |
|     | 15c. Vehicle insurance  | 15c. |              | \$120.00 |
|     | 15d. Other insurance. Specify:  | 15d. |              | \$0.00   |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |              |          |
|     | Specify:  | 16.  |              | \$0.00   |
| 17. | Installment or lease payments:  |      |              |          |
|     | 17a. Car payments for Vehicle 1   | 17a. |              | \$0.00   |
|     | 17b. Car payments for Vehicle 2   | 17b. |              | \$0.00   |
|     | 17c. Other. Specify:  | 17c. |              | \$0.00   |
|     | 17d. Other. Specify:  | 17d. |              | \$0.00   |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |              |          |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |              | \$0.00   |
| 19. | Other payments you make to support others who do not live with you.                                   |      |              |          |
|     | Specify:  | 19.  |              | \$0.00   |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |              |          |
|     | 20a. Mortgages on other property  | 20a. |              | \$ 0.00  |
|     | 20b. Real estate taxes  | 20b. | \$           | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$           | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$           | 0.00     |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$           | 0.00     |
|     |   |      |              |          |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 42 of 69

| Debtor | 1 <u>vvins</u> | ston Chariton                                | Purchase                              | Case Number (if known) |               |            |
|--------|----------------|--|---------------------------------------|------------------------|---------------|------------|
|        | First N        | lame Middle Name                             | Last Name                             |                        |               |            |
| 21.    | Other.         | Specify:                                     |                                       | -                      | 21.           | \$0.00     |
| 22     | Your me        | onthly expense: Add lines 4 through 21.      |                                       |                        | 22.           | \$5,756.64 |
|        | The res        | ult is your monthly expenses.                |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
| 23.    | Calcula        | te your monthly net income.                  |                                       |                        |               |            |
|        | 23a.           | Copy line 12 (your comibined monthly in      | ncome) from Schedule I.               |                        | 23a.          | \$7,481.93 |
|        | 23b.           | Copy your monthly expenses from line 2       | 22 above.                             |                        | 23b. <b>–</b> | \$5,756.64 |
|        | 23c.           | Subtract your monthly expenses from your     | our monthly income.                   |                        | 23c.          | \$1,725.29 |
|        |                | The result is your monthly net income.       |                                       |                        |               | <u>,</u>   |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
| 24.    | Do you         | expect an increase or decrease in your ex    | openses within the year after you     | file this form?        |               |            |
|        | For exa        | mple, do you expect to finish paying for you | r car loan within the year or do you  | expect your            |               |            |
|        | mortgag        | e payment to increase or decrease becaus     | e of a modification to the terms of y | our mortgage?          |               |            |
|        | X No           |  |                                       |                        |               |            |
|        | Ye             | s. Explain Here:                             |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |
|        |                |  |                                       |                        |               |            |

 Official Form 106J
 Record #
 743417
 Schedule J: Your Expenses
 Page 3 of 3

## Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                     |   |
|--|---|
| Did you pay or agree to pay someone who is NOT | n attorney to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of Person                            | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
|  | ne summary and schedules filed with this declaration and that they are true and               |
| correct.                                       |   |
| <b>4.</b>                                      | ★ /s/ Theresa Ann Purchase  |
| 🗶 /s/ Winston Charlton Purchase                | 75/ Theresa Allii Fulchase  |
| Signature of Debtor 1                          | Signature of Debtor 2   |
|  |   |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

|                           |                      |                                     | эваттотт таас |
|---------------------------|----------------------|-------------------------------------|---------------|
| Fill in this in           | formation to ident   | ify your case:                      |               |
|                           |                      |                                     |               |
| Debtor 1                  | Winston              | Charlton                            | Purchase      |
|                           | First Name           | Middle Name                         | Last Name     |
| Debtor 2                  | Theresa              | Ann                                 | Purchase      |
| (Spouse, if filing)       | First Name           | Middle Name                         | Last Name     |
|                           |                      |                                     |               |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ |               |
|                           |                      |                                     | (State)       |
| Case Number<br>(If known) | r                    |                                     | _             |
|                           |                      |                                     |               |

## Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| iumboi (       |  |                             |                                       |                  |
|----------------|--|-----------------------------|---------------------------------------|------------------|
| Part 1         | Give Details About Your Marital Status and Wh                      | ere You Lived Before        |                                       |                  |
|                | at is your current marital status?                                 |                             |                                       |                  |
| 01. 1111       | at 13 your current marital status.                                 |                             |                                       |                  |
|                | Married  |                             |                                       |                  |
|                | Not married  |                             |                                       |                  |
|                |  |                             |                                       |                  |
| 02 <b>D</b> ur | ing the last 3 years, have you lived anywhere oth                  | er than where you live no   | w?                                    |                  |
|                | No.  |                             |                                       |                  |
|                | Yes. List all of the places you lived in the last 3 yea            | rs. Do not include where    | ou live now.                          |                  |
|                |  |                             |                                       |                  |
|                | Debtor 1   | Dates Debtor 1              | Debtor 2:                             | Dates Debtor 2   |
|                |  | lived there                 |                                       | lived there      |
|                |  |                             | Same as Debtor 1                      | Same as Debtor 1 |
|                | 658 Rebecca Ln   | FROM 03/1999                |                                       |                  |
|                | Bolingbrook IL 60440-4862  | To 09/2014                  |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                | hin the last 8 years, did you ever live with a spou                |                             |                                       |                  |
| -              | perty states and territories include Arizona, Calif<br>Wisconsin.) | ornia, Idaho, Louisiana, N  | evada, New Mexico, Puerto Rico, Texas | s, Washington,   |
| _              | No.  |                             |                                       |                  |
|                | No.<br>Yes. Make sure you fill out Schedule H: Your Code           | btors (Official Form 106H)  |                                       |                  |
|                | Too. Make date you lill out contoud to the four could              | biolo (Ginolari Gini 10011) |                                       |                  |
|                | <u></u>  |                             |                                       |                  |
| Part 2         | Explain the Sources of Your Income                                 |                             |                                       |                  |
|                | •  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |
|                |  |                             |                                       |                  |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 45 of 69

Debtor 1 Winston Charlton Purchase Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$22556 \$14892 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$68283 \$54700 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$65000 Wages, commissions. \$53000 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) IRA \$3500 For last calendar year: (January 1 to December 31, 2016) List Certain Payments You Made Before You Filed for Bankruptcy

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 46 of 69

Winston Charlton Purchase Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Wells Fargo BANK NV NA Po \$ 70,845 Monthly \$ 1,407 Mortgage Car Box 31557 Billings MT 59107 Credit card Loan repayment Suppliers or vendors Other Wells Fargo HM Mortgag 8480 Monthly \$ 11,124 <u>\$ 304,188</u> Mortgage Car Stagecoach Cir Frederick MD ☐ Credit card 21701 ☐ Loan repayment Suppliers or vendors Other \_\_\_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 47 of 69

| ebtor 1  | Winston   | Charlton  | Purchase                                |                        | Case Number (if known              | ·                     |                                 |
|--|---|---|---|------------------------|------------------------------------|-----------------------|---------------------------------|
|  | First Name  | Middle Name   | Last Name                               |                        |                                    |                       |                                 |
| an   | insider?  | iled for bankruptcy, did you<br>s guaranteed or cosigned b  |   | r transfer any propert | y on account of a debt tha         | t benefited           |                                 |
|  | No.   |   |   |                        |                                    |                       |                                 |
|  | Yes. List all payments  | to an insider.  |   |                        |                                    |                       |                                 |
|  |   |   | Dates of payment                        | Total amount paid      | Amount you still owe               |                       | r this payment<br>editor's name |
| Part 4   | Identify Legal act  | ions, Repossessions, and Fo   | oreclosures                             |                        |                                    |                       |                                 |
| Lis  | •   | iled for bankruptcy, were yo<br>ding personal injury cases,<br>tt disputes.   |   |                        | -                                  | ort or custody        |                                 |
|  | No.   |   |   |                        |                                    |                       |                                 |
|  | Yes. Fill in the details.   |   |   |                        |                                    |                       |                                 |
|  |   |   | Nature of the case                      | Court                  | or agency                          |                       | Status of the case              |
|  | thin 1 year before you fi<br>eck all that apply and fi  | iled for bankruptcy, was any<br>Il in the details below.  | y of your property repo                 | ssessed, foreclosed,   | garnished, attached, seize         | ed, or levied?        |                                 |
|  | No. Go to line 11   |   |   |                        |                                    |                       |                                 |
|  | Yes. Fill in the informa  | tion below.   |   |                        |                                    |                       |                                 |
|  | -   | u filed for bankruptcy, did<br>nent because you owed a o  | •                                       | g a bank or financial  | institution, set off any a         | mounts from y         | our accounts                    |
|  | No. Go to line 11   |   |   |                        |                                    |                       |                                 |
|  | Yes. Fill in the informa  | tion below.   |   |                        |                                    |                       |                                 |
|  | -   | filed for bankruptcy, was a a custodian, or another o   |   | n the possession of a  | an assignee for the benef          | it of creditors       | а                               |
| =  | No.<br>Yes.   |   |   |                        |                                    |                       |                                 |
|  | 100.  |   |   |                        |                                    |                       |                                 |
| Part !   | List Certain Gifts  | and Contributions   |   |                        |                                    |                       |                                 |
| LECTIVE.   |   |   |   |                        |                                    |                       |                                 |
| _  | thin 2 years before you   | ı filed for bankruptcy, did   | you give any gifts wit                  | h a total value of mo  | re than \$600 per person?          |                       |                                 |
| <sup>3</sup> Wi  | thin 2 years before you   | ı filed for bankruptcy, did   | you give any gifts wit                  | h a total value of mo  | re than \$600 per person?          |                       |                                 |
| 3 Wit  | _   |   | you give any gifts wit                  | h a total value of mo  | re than \$600 per person?          |                       |                                 |
| 3 <b>Wi</b> t  | No. Yes. Fill in the details  |   |   |                        |                                    |                       | arity?                          |
| 3 <b>Wi</b>  | No. Yes. Fill in the details  | for each gift.  |   |                        |                                    |                       | arity?                          |
| 3 <b>W</b> it  | No. Yes. Fill in the details thin 2 years before you  | for each gift.<br>u filed for bankruptcy, did   |   |                        |                                    |                       | arity?                          |
| 3 <b>W</b> it  | No. Yes. Fill in the details thin 2 years before you  | for each gift.<br>u filed for bankruptcy, did   |   |                        | total value of more than \$        | 6600 to any ch        |                                 |
| 3 <b>Wi</b>  | No. Yes. Fill in the details thin 2 years before you  | for each gift.  |   | contributions with a   | total value of more than \$        |                       | arity?<br>Value                 |
| <sup>3</sup> Wit   | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | 6600 to any ch        |                                 |
| <sup>3</sup> Wit   | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| <sup>3</sup> Wit   | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| 3 <b>W</b> it  | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| 3 <b>W</b> it  | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| 3 <b>W</b> it  | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600  | for each gift.  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| 3 With   | No. Yes. Fill in the details thin 2 years before you No. Yes. Fill in the details Gifts or contributions total more than \$600 Living Wates   | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  | you give any gifts or                   | contributions with a   | total value of more than \$        | ate you<br>ontributed | Value                           |
| With the second  | No. Yes. Fill in the details thin 2 years before you no. Yes. Fill in the details of this or contributions total more than \$600 Living Wates List Certain Losse thin 1 year before you             | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  | you give any gifts or describe what you | contributions with a f | total value of more than \$  D  Co | ate you<br>ontributed | Value<br>\$100                  |
| 3 Will 4 Will 5 Will gall  | No.  Yes. Fill in the details thin 2 years before you no.  Yes. Fill in the details.  Gifts or contributions total more than \$600  Living Wates  List Certain Losse thin 1 year before you mbling? | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  | you give any gifts or describe what you | contributions with a f | total value of more than \$  D  Co | ate you<br>ontributed | Value<br>\$100                  |
| 4 William Part Control of the Contro | No. Yes. Fill in the details thin 2 years before you no. Yes. Fill in the details Gifts or contributions total more than \$600 Living Wates List Certain Losse thin 1 year before you mbling? No.   | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  es  | you give any gifts or describe what you | contributions with a f | total value of more than \$  D  Co | ate you<br>ontributed | Value<br>\$100                  |
| 4 William Part Control of the Contro | No.  Yes. Fill in the details thin 2 years before you no.  Yes. Fill in the details.  Gifts or contributions total more than \$600  Living Wates  List Certain Losse thin 1 year before you mbling? | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  es  | you give any gifts or describe what you | contributions with a f | total value of more than \$  D  Co | ate you<br>ontributed | Value<br>\$100                  |
| William Willia | No. Yes. Fill in the details thin 2 years before you no. Yes. Fill in the details Gifts or contributions total more than \$600 Living Wates List Certain Losse thin 1 year before you mbling? No.   | for each gift.  u filed for bankruptcy, did  for each gift.  to charities that  es  filed for bankruptcy or sin  for each gift. | you give any gifts or describe what you | contributions with a f | total value of more than \$  D  Co | ate you<br>ontributed | Value<br>\$100                  |

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 48 of 69

Case Number (if known)

Purchase

First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Geraci Law L.L.C. Payment/Value: \$4,000.00: \$0.00 55 E. Monroe Street #3400 paid prior to filing, balance to be paid Chicago,IL 60603 through the plan. Amount of payment **Party Contact Info** Description and value of any property transferred Date payment or transfer Credit Counseling Services Hananwill Credit Counseling 2017 \$25.00 115 N. Cross St Robinson, IL 62454 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved. closing or transfer or transferred

Winston

Charlton

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 49 of 69

Winston Charlton Purchase Case Number (if known) Debtor 1 First Name Middle Name Last Name Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do vou still have it? Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No.  $\hfill \hfill \hfill$ Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Fill in the details. Court or agency Nature of the case Status of the case Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

|          |   | <b>.</b>                        | Document                 | Page 50 01 09  |
|----------|---|---------------------------------|--------------------------|--|
| Debtor 1 | Winston   | Charlton                        | Purchase                 | Case Number (if known)   |
|          | First Name                                      | Middle Name                     | Last Name                |  |
|          | No. None of the abo                             | ove applies. Go to Part 12.     |                          |  |
|          | -   |                                 | h.a.a fa.a.a.a.h. ha     |  |
| L        | Yes. Check all that                             | apply above and fill in the def | talls below for each bus | iness.   |
| 20       |   |                                 |                          |  |
|          | thin 2 years before y<br>stitutions, creditors, |                                 | you give a financial s   | atement to anyone about your business? Include all financial                                       |
|          | No.   |                                 |                          |  |
|          | Yes. Fill in the detail                         | ils.                            |                          |  |
|          | •   | Date is                         | sued                     |  |
| Part 1   | 21 21 21  |                                 |                          |  |
| raiti    | Sign Below                                      |                                 |                          |  |
| I hav    | ve read the answers                             | on this Statement of Finance    | ial Affairs and any atta | schments, and I declare under penalty of perjury that the  |
|          |   |                                 | =                        | concealing property, or obtaining money or property by fraud                                       |
|          |   |                                 | -                        | imprisonment for up to 20 years, or both.  |
|          | J.S.C. §§ 152, 1341, 1                          | • •                             |                          | improceiment for up to 20 yours, or boars  |
|          | 7.0.0. 33 102, 1041,                            | 1010, and 00111                 |                          |  |
|          |   |                                 |                          |  |
| ~        | /s/ Winston Cha                                 | rlton Purchase                  | 🔽 lel                    | Theresa Ann Purchase   |
| ~        | Signature of Debtor                             |                                 |                          | nature of Debtor 2   |
|          | oignature of Debtor                             |                                 | Olg                      | nature of Beston 2   |
|          | Date 05/09/2017                                 |                                 | Do                       | te 05/09/2017  |
|          | MM / DD /                                       |                                 | Da                       | MM / DD / YYYY   |
|          | WIWI 7 DD 7                                     |                                 |                          | WINN / DD / TTTT   |
|          |   |                                 |                          |  |
| Did      | you attach additiona                            | al pages to Your Statement      | of Financial Affairs for | Individuals Filing for Bankruptcy (Official Form 107)?   |
| _        |   |                                 |                          |  |
| _        | No  |                                 |                          |  |
|          | Yes   |                                 |                          |  |
| Did      | you pay or agree to                             | pay someone who is not an       | attorney to help you f   | Il out bankruptcy forms?   |
|          | No  |                                 |                          |  |
| _ =      |   |                                 |                          | Attack the Devilor water Detition Draw are all Nation  |
|          | Yes. Name of perso                              | on                              |                          | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |
|          |   |                                 |                          | Decidiation, and dignature (Official FOITH 119).   |

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Document Page 51 of 69

B2030 (Form 2030) (12/15)

Date

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| - |    |
|---|----|
| n | ro |

| Winston Charlton Purchase and Theresa Ann |              |   |                                | Case No:             |                      |           |
|---|--------------|---|--------------------------------|----------------------|----------------------|-----------|
| Pur                                       | rchase / Deb | otors   |                                | Chapter:             | Chapter 13           |           |
|   |              | DISCLOSURE OF CO  | MPENSATION OF ATTO             | ORNEY FOR DEI        | BTOR                 |           |
|   | npensation p | o 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(<br>aid to me within one year before the filing of<br>the rendered on behalf of the debtor(s) in conte | the petition in bankruptcy,    | or agreed to be paid | d to me, for servi   | ces       |
|   | For legal s  | services, I have agreed to accept   | \$4,000.00                     |                      |                      |           |
|   | Prior to th  | e filing of this statement I have received  | \$0.00                         |                      |                      |           |
|   | Balance D    | Due   | \$4,000.00                     |                      |                      |           |
| 2.  | The source   | e of the compensation paid to me was:   |                                |                      |                      |           |
|   | Deb          | tor(s) Other: (specify)   |                                |                      |                      |           |
| 3.  | The source   | e of compensation to be paid to me is:  |                                |                      |                      |           |
|   | Del          | otor(s) Other: (specify)  |                                |                      |                      |           |
| 4.  |              | e not agreed to share the above-disclosed complaw firm.   | pensation with any other pe    | erson unless they ar | re members and a     | ssociates |
|   |              | e agreed to share the above-disclosed compens<br>law firm. A copy of the agreement, together  |                                |                      |                      |           |
| 5.  | In return fo | or the above-disclosed fee, I have agreed to redding:   | nder legal service for all asp | pects of the bankru  | ptcy                 |           |
|   | a. Analy     | rsis of the debtor's financial situation, and renuptcy;   | dering advice to the debtor    | in determining wh    | ether to file a peti | ition in  |
|   | b. Prepa     | ration and filing of any petition, schedules, sta   | atements of affairs and plan   | which may be req     | uired;               |           |
|   | c. Repre     | esentation of the debtor at the meeting of credi  | tors and confirmation heari    | ng, and any adjour   | ned hearings ther    | eof;      |
| 6.  | By agreem    | ent with the debtor(s), the above-disclosed fee   | e does not include the follow  | wing service:        |                      |           |
|   |              |   | CERTIFICATION                  |                      |                      |           |
|   |              | I certify that the foregoing is a complete payment to me for representation of the deb  | , ,                            | •                    | or                   |           |
|   |              | Date: 05/11/2017  | /s/ Kristin T Schindler        |                      |                      |           |

Page 1 of 1 Record # 743417

Signature of Attorney

Geraci Law L.L.C. Name of law firm

# Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main UNITED STATES BANKS PTO 9 COURT

# NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

# (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

## A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

PFG Rec# 743-417

- 3. Personally review with the debtor pad sign the completed period, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



- Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main 2. Inform the debtor that the debtor in the
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.



# Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main C. TERMINATION OR CONVERSION OF THE EASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- (d) Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Any portion of the retainer theorem of the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

# E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



# F. Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main ALLOWANCE AND PAYMENT OF ALLOWANCE AND PAYMENT OF ALLOWANCE AND PAYMENT OF ALLOWANCE AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00

| 3. Before signing this agreement, the attorney ha | as receive | d ,\$0     | <del></del> |              |
|---|------------|------------|-------------|--------------|
| toward the flat fee, leaving a balance due of \$  | 4000       | ; and \$ _ | 310         | for expenses |
| leaving a balance due for the filing fee of \$    | 0          |            |             |              |

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed:

Winston Turchase Debtor(s)

Co-Debtor(s)

Do not sign this agreement if the amounts are blank.

Attorney for the Debtor(s)

#### ase 17-15297 Doc 1 File **Gesaci/Law Enter**ed 05/17/17 09:35:57 Desc National Headquarters: 55 E. Monroe Street #3400 Chicago dg 60693 01-866-925-1313 help@geracilaw.com Case 17-15297 Desc Main



Consultation Attorney: ADD Date: 4/25/2017 Record #: 743-417

#### Attorney - Client Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment

prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed. No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility. Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. per month for (O PLAN: The plan payment is estimated to be \$ months. The payment and length of the plan are based on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or duration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure. My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters. If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds. workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan. I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my case may be closed without a discharge, and I will be required to pay a fee to have it reopened. Vinston Purchase (Debtor) Theresa Purchase (Joint Debtor)

ttorney for the Debtor(s)

Representing Geraci Law L.L.C.

PFG Rec# 743-417 Mr. & Mrs. Purchase

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 59 of 69

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Winston Charlton Purchase and Theresa Ann Purchase / Debtors

In re

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/09/2017 /s/ Winston Charlton Purchase

**Winston Charlton Purchase** 

X Date & Sign

Dated: 05/09/2017

/s/ Theresa Ann Purchase

X Date & Sign

Theresa Ann Purchase

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

# Document Page 60 of 69 In re Winston Charlton Purchase and Theresa Ann Purchase / Debtors

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 743417 B 201A (Form 201A) (11/11) Page 1 of 2

# Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Form B 201A, Notice to Consumer Debtor(s)

In re Winston Charlton Purchase and Theresa Ann Purchase / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 05/09/2017 | /s/ Winston Charlton Purchase |  |
|-------------------|-------------------------------|--|
|                   | Winston Charlton Purchase     |  |
| Dated: 05/09/2017 | /s/ Theresa Ann Purchase      |  |
|                   | Theresa Ann Purchase          |  |
| Dated: 05/11/2017 | /s/ Kristin T Schindler       |  |
|                   | Attorney: Kristin T Schindler |  |

Record # 743417 Form B 201A, Notice to Consumer Debtor(s) Page 2 of 2

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 62 of 69

| Debto  |   | Charlton  Middle Name  | Purchase   | Case Number (if known  | 1)   |
|--|---|--|--|--|--|
|  | First Name  | MICOR NAME   | Last Name  |  |  |
| Par  | Answer These Question   | s for Reporting Purposes   |  |  |  |
| 16.  | What kind of debts do you have?   | as "incurred by an incurred by the | ndividual primarily for a pe<br>16b.<br>17.<br>rimarily business deb | ots? Consumer debts are defined be sonal, family, or household purpose ts? Business debts are debts that he operation of the business or in the operation of the business or in the sonal state.   | se."<br>you incurred to obtain   |
|  |   | No. Go to line Yes. Go to line   | 17.  | consumer debts or business debts.  |  |
|  |   |  |  |  |  |
| 17.  | Are you filing under<br>Chapter 7?  |  | under Chapter 7. Go to I   |  |  |
|  | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors?   |  |  | imate that after any exempt proper<br>unds will be available to distribute to  |  |
| 18.  | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | ·  | 0-5,000<br>1-10,000<br>11-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19.  | How much do you estimate your assets to be worth?   | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millior  | \$10,<br>\$50,   | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million   | ☐\$500,000,001-\$1 billion<br>☐\$1,000,000,001-\$10 billion<br>☐\$10,000,000,001-\$50 billion<br>☐More than \$50 billion |
| 20.  | How much do you<br>estimate your liabilities<br>to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>■ \$100,001-\$500,000<br>□ \$500,001-\$1 million   | \$10,<br>\$50,   | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million   | ☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion      |
| Par  | 17: Sign Below  |  |  |  |  |
| For  | you   | correct.  If I have chosen to file ur  | der Chapter 7, I am awar   | penalty of perjury that the information  that I may proceed, if eligible, undirected in the second i | der Chapter 7, 11,12, or 13  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |  |  | attorney to help me fill out   |
|  |   | I request relief in accorda  | ance with the chapter of ti  | le 11, United States Code, specifie  | d in this petition.  |
|  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |  |
|  |   | X Wanston<br>Signature of Debto  | Surchas  | e Signature o  | enose A. Ruchase   |
|  |   | Executed onM   | <u>5 / 9 /20</u> 17<br>M / DD / YYYY                                 | Executed o   | on : 5 / 9 /2017<br>MM / DD / YYYY   |

Official Form 101

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 63 of 69

## Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorn             | ey to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| Under penalty of perjury, I declare that I have read the summorrect. | mary and schedules filed with this declaration and that they are true and                     |
| * Winston Tuchase Signature of Debtor 1                              | * HUNUSA A. Purchese<br>Signature of Debtor 2   |
| Date : 5 / 9 /2017<br>MM / DD / YYYY                                 | Date :5/9/2017<br>MM / DD / YYYY  |
|  |   |

Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Case 17-15297 Doc 1 Document Page 64 of 69

Winston Debtor 1 Charlton Purchase Case Number (if known) \_ Last Name No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details. Date Issued Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Date 5 / 9 /2017 MM / DD / YYYY Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No Yes. Name of person\_

\_. Attach the Bankruptcy Petition Preparer's Notice.

Declaration, and Signature (Official Form 119).

## DISCLAIMER Debtors Have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement. divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foredosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Winston Charlton Purchase

X Date & Sign

X Date & Sign

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 66 of 69

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Winston Charlton Purchase and Theresa Ann Purchase / Debtors

Bankruptcy Docket #:

Judge:

## **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dated: 519 12017

Dated: 519 12017

Dated: 519 12017

Winston Charlton Purchase

X Date & Sign

Theresa Ann Purchase

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 67 of 69

Part 4:

Sign Below

By signing here, I declare under penalty of perjuny that the information on this statement and in any attachments is true and correct.

Minston Charlton Purchase

Theresa Ann Purchase

Date: 5 / 9 /2017

Date: 5/ 9/2017

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Winston Debtor 1 Charlton Purchase Case Number (if known) Last Name Part 5: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. **Winston Charlton Purchase** Theresa Ann Purchase

Date: Dated:

Document

Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main

Page 68 of 69

Case 17-15297

Date: Dated: \_\_\_\_/\_\_\_/2017

Case 17-15297 Doc 1 Filed 05/17/17 Entered 05/17/17 09:35:57 Desc Main Document Page 69 of 69

Form B 201A, Notice to Consumer Debtor(s)

In re Winston Charlton Purchase and Theresa Ann Purchase / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 51 9 /2017         | Winston Turchase          | X Date & Sign |
|---------------------------|---------------------------|---------------|
|                           | Winston Charlton Rurchase |               |
| Dated: 5 / 9 /2017        | Therose Am Ruchese        | X Date & Sign |
|                           | Theresa Ann Purchase      |               |
| Dated: <u>5/ 11</u> /2017 | Morring                   |               |
|                           | Attorney:                 |               |